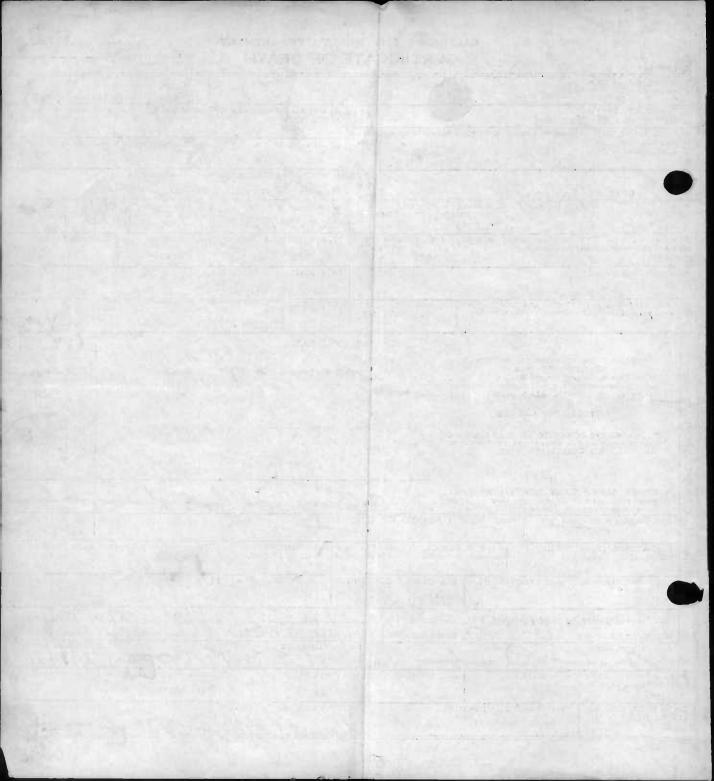
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) 1.	LUUR

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1001

BI	RTH NO.						
	NAME OF D ype or Print)		ed J.B	aker	5 <sup>-0</sup> A	OF DEATH	an. 31.1951
	PLACE OF D Baltimore C		-	3.11.0.1	4. USUAL RESIDENCE (W		
В.	FULL NAME		tal or institut	ion, give street address or		13 1	
	STITUTION			location)		6.4	ts, write RURAL and give township)
1/22		1605 1	lewell	.vn Ave.	Baltimor	e V	
				Yrs.	D. STREET ADDRESS (If)	rural, give location)	
c.	Length of s	tay in Baltimore		Mos. Days	1605 Llewelly		
5.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday) M	If Under 1 Year   II Under 24 Hours on the Days   Hours   Min.
	male	white	marr		Nov.22,1887	63	
		CUPATION (Give kindo	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
19/11	Brickla	of working life, even if retired	Ret	tired	Baltimore	Md.	WHAT COUNTRY
	. FATHER'S N			CONST	14. MOTHER'S MAIDEN NA	AME	
	T	ohn T.			Annie Appleb	y	
15	WAS DECEASE	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(Yes	( no or nnknown)	(If yes, give war or dat	es of service)	SECURITY NO.	Catherine F.Ba		
-						NOT TOOK	INTERVAL BETWEEN
	18.	3 % 1		CAUSE	OF DEATH	1	ONSET AND DEATH
	DISEAS	SE OR CONDITION		D		0.	
		LEADING TO DEA s not mean the mode	of dying, e. s	g., (A)	ercinon of	Kung	fentron-
		are, asthenia, etc. It me complication which		e,			
7		ANTECEDENT CAU	SES	(B)	. >		AC 1911-19-61-79
ΙŌΙ		S OR CONDITIONS.		1G			***************************************
ATION		THE ABOVE CAUSE (A YING CONDITION L		HE DUE TO			
FIC				W.			
RTIF		11		(C)	***************************************		
ER		GIGNIFICANT CONE		0.7	erwachenter he	I dine	in serlina
Ü		SEASE DR CONDITID	N CAUSING	T	morning re	200 00000	••••
	19A. DATE C	OF OPERATION O	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
Q V			L oan Di	165 OF 1971115V /	210 WHERE DID	f in Baltimore City,	YES NO
EDICA	HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm,factory,street,officebldg.,		i in panimore city,	give exact location)
ME					C 2		
	F INJURY	(Month) (Day) (Year		21E. INJURY OCCURR		OCCUR?	
			m.	WHILE AT NOT WHILE		Ely .	
	22. I herch	y certify that I at	tended the	deceased from	1/16/, 1957, to	1/31/,195	I, that I last saw th
	deceased a			and that death occur	rred at 8:05 RM rom t.		the date stated above
	23A. SIGNA		5		23B. ADDRESS	1 4 1	23c. DATE SIGNED
	In	ame ?	1 mes	M. D.	1737 E.N	orth Are	2/1/5/
24	AA. BURIAL.	CREMA- 248. DATE		24c. NAME OF CEMETE	RY DR CREMATORY 24D. L	OCATION (City, town	, or county) (State)
	Burial	2/3/5	1	Baltimore		ltimore M	d.
	ATE RECEIVE		S SIGNATU	RE RULL NE	25. FUNERAL DIRECTOR	11 20	ADDRESS
	-FR7 ]	32/1		11/8	UMANUT NOTHING	m1007 6	20 rand
	VS 150		55	54 24	01		470
	Albania Indiana		4	11100	1 60		



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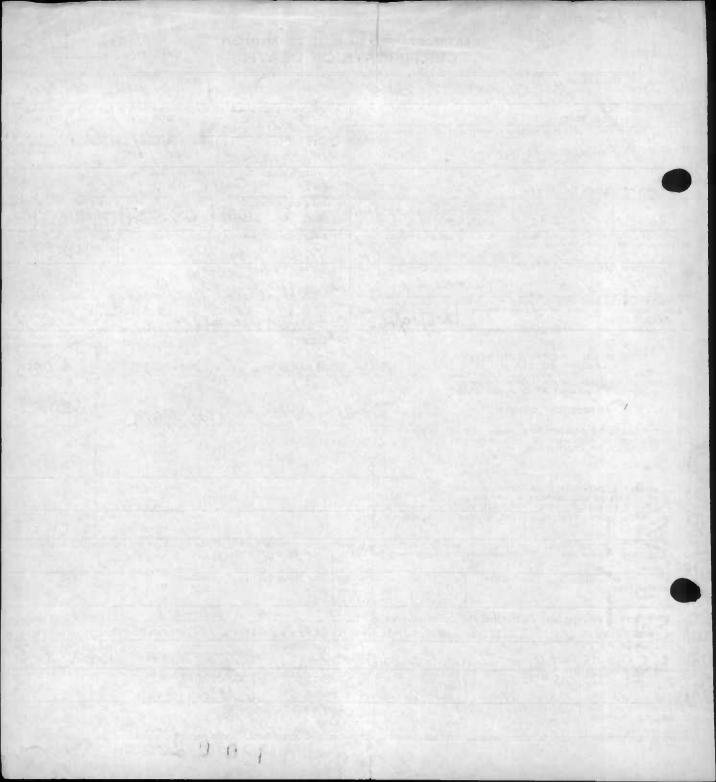
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED 2 NO 1951 CIESLAK. (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: R COUNTY before admission) A. STATE A. Baltimore City, Maryland MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION CHURCH township) MOSPITAL BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. J- Castle 26 ength of stay in Baltimore Days 9. AGE (In years) If Under 1 Year 8. DATE OF BIRTH 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED Jast birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 1904 WHITE MARRIEN 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY PAINTER. ARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CIESLAK MICHAEZ 234 ANDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NO 110/4681 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY MYOCARD, AZ LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY NOT WHILE! WHILE AT WORK 195 to Kb 2 22. I hereby certify that I attended the deceased from for 1 . 19 ., that I last saw the 19 3, and that death occurred at 17.45 Pm., from the causes and on the date stated above. deceased alive on 166-23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE THOSPITAL CHURCH HOME 3 1921 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-TLON, REMOVAL (Specify Coo ary allemare uria 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

LOCAL REGISTRAR

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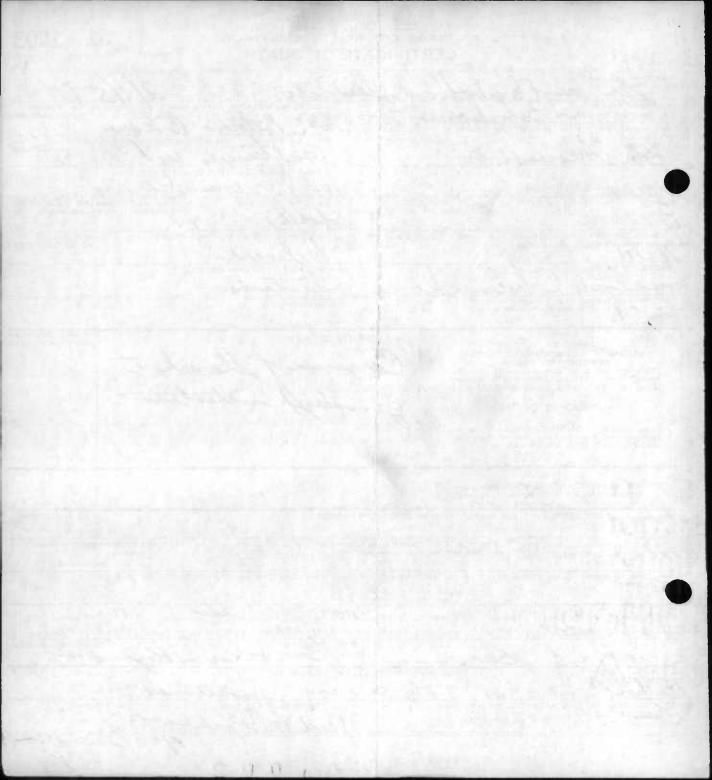


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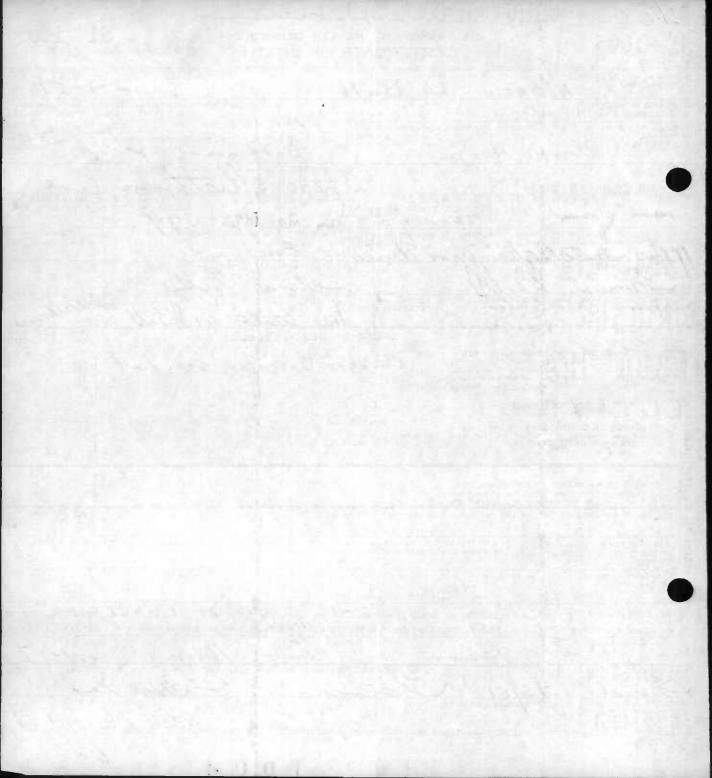
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Registered	No.	.2.000

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	BALTIMORE CITY HEALTH DEPARTMENT
Jairth 1003	CERTIFICATE OF DEATH
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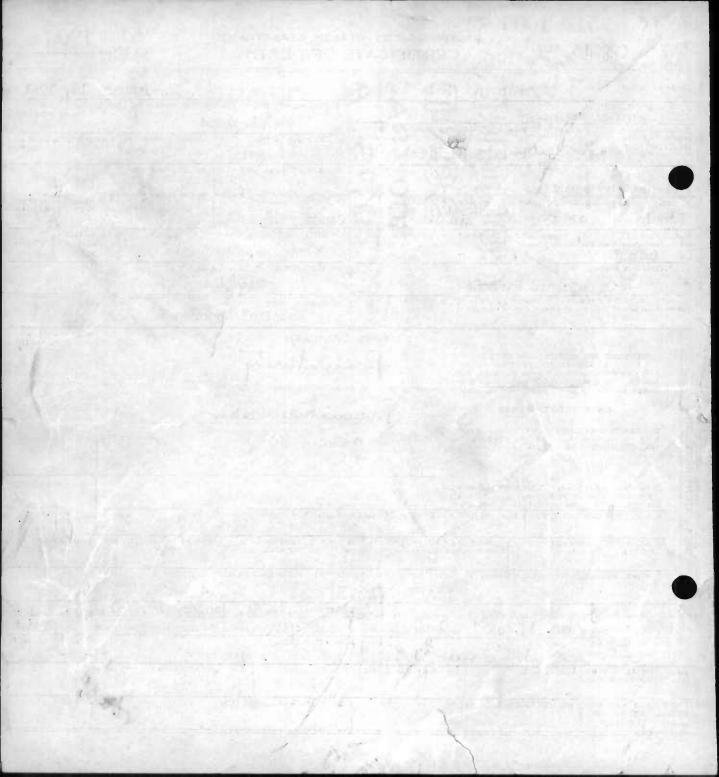
BIRTH NO. UU	
1. NAME OF SECEASED (Type or Priper Lawy Chyles Chyles	vicla   2. DATE OF DEAT 2/1/5/
3. PLACE OF DEATH: A. Baltimore City, Mary and on Secure Those	A. USUAL RESIDENCE (Where deceased fived, if institution : residence A. STATE BOUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
For Acourally Yrs.	D. STREET ADDRESS (If fural, give location)
ngth of stay in Baltimore Days	104 D atturen Ph ana
5. SEY 6. COLOR OR RACE 7. SINCLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BRTH  9. AGE (in years If Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no or uokoown] (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	inma 1 flyrach t
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	ATION   20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., electric CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  7 INJURY  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., electric cause of DEATH  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., electric cause)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., electric cause)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., electric cause)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., electric cause)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., electric cause)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., electric cause)	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-31	
decoased alive on 1-31, 1951, and that death occur	red at 1:35 A. m., from the causes and on the date stated above.  3B. ADDRESS  23C. DATE SIGNED  2-1-5-1
	RVOR CREMATORY 245 LOCATION (CAV. town, or county) (State)
BALE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL ERBISTRARY DIMINISTRARY OF THE LOCAL ERBISTRARY DIMINISTRARY DIMI	25. FUNERAL PIRECTOR ADDRESS
VS 150	1 0 1950 faction and
	01000



, . . w w . . /s. . A, to 10 CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF HEREd DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION Yrs. D. STREET ADDRESS. (If rural, give location) Mos. ength of stay in Baltimore Davs more 5. SEX 6. COLOR OR RACE AGE (in years | ff Under | Year | ff Under 24 Hours last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH MOLLIO 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if setired) 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? eler Installate 13. FATHER'S NAME MAIDEN NAME YS. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH Estelle 18. 331X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cetobko-Vasculat (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or | (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY NOT WHILE [ WORK AT WORK 22. I hereby certify that I attended the deceased from 2-1, 1951, to 2 - / , 1951, that I last saw the . 1951, and that death occurred at 1:30 Am., from the causes and on the date stated above, deceased alive on 2 - / 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) weak REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR VS 150



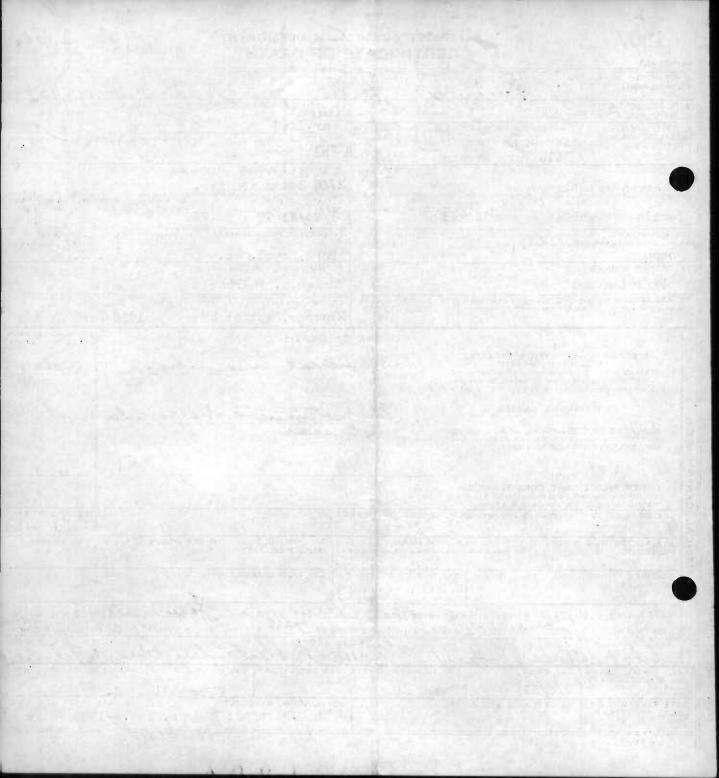
especially



correct age is especially important.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.						
1. (T	NAME OF D ype or Print)	ECEASED	Tentre	de Fi	eld	2. DATE OF DEATH J'	ls. 1. 1951
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENC	E (Where deceased lived.	If institution: residence before admission)
В.	FULL NAME	OF (If not in hospit		ion, give street address or	Maryland	none	27/
IN	STITUTION	Baptist Home		location)	C. CITT OR TOWN	(If outside corporate li	mits, write RURAL and give township)
7	1	1615 Pa:	rk Aven		Baltimore		
	ength of s	tay in Baltimore		1 Yrs. Mos. Days	2445 Edmonds or	(If rural, give location)  Ave.	
	sex Cemale	6. COLOR OR RACE	7. SINGLE WIDOW WIDOW	E. MARRIED. ZED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days H Under 24 Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF
worl	none during most	of working life, even if retired)		INDUSTRY	Port Royal,	Va -	U. S.
13	FATHER'S	NAME			14. MOTHER'S MAIDE	N NAME	100 5
	Daniel	Atwell			Helen E. Fair	rhault	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(10	, no or unanown,	(2. 304) 8140 3441 01 0400	or ecremely	SECURITI NO.	Records, Baptis	st Home 16	15 Park Avenue
CERTIFICATION	(This does heart failt in jury or DISEASE RISE TO UNDERL'	SE OR CONDITION LEADING TO DEA's not mean the mode of the complete of the comp	TH  of dying, e. 1  ns the disease eaused death  SES  F ANY, GIVIN STATING TH  STATING TH  NOT RELATI	(B)  (C)  (A)  (B)  (C)  (C)	of DEATH whole her	unrhage ardio-vascu	lar
AL	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		YES NO Y
IEDICA	21A. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)	21B. PLA about home,	ACE OF INJURY (e. g., i arm, factory, etreot, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City	y, give exact location)
Z	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	Company of the Compan	JURY OCCUR?	
	deceased a	y certify that I att live on Jan 3.		deceased from and that death occu	rred at 730Am. fr	,	that I last saw the the date stated above
	23A. SIGNA	(illan)	1/2	M.D. 1	134 E. Sel	redere au	23c. DATE SIGNED
II.	A. BURIAL, ON, REMOVAL (S Tial	CREMA- 24B. DATE Specify) 2/3/51		24c. NAME OF CEMETE Druid Ridge	ERY OR CREMATORY 2	Pikesville,	wn, or county) (State)
D	TE RECEIVE	D BY REGISTRAR	S SIGNATU		John O.Mitche	TOR	ADDRESS
=	2/5 150				Walaklan 1	13. Middeliels	



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED				
(Type or Print)	tor Josep	Wallet	2. DATE OF DEATH	m/31.51
3. PLACE OF DEATH:  A. Baltimore City, Maryland	804M740W	4. USUAL RESIDE	NCE (Where decensed live	
B. FULL NAME OF (If not in hosp HOSPITAL OR	ital or institution, give stree	t address or location) c. CITY OR TOWN	(If outside corporate )	imits, write RURA Kand giv
INSTITUTION	home	6	3allima	township
	200	Yrs. D. STREET ADDRI	SS (If rural, give location	171.
5. SEX 6. COLOR OF RACE	7. SINGLE, MARRIED.	Days 2804	1 Toww	H linder I Year   H linder 24 Hours
Wale While	WIDOWED, DIVORC	ED (Specify) Que De La (-)	892 last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work domeduring most of working life, even if retired	of 108. KIND OF BUSINE	SS OF 11. BIRTHPLACE	tale or foreign country)	12. CITIZEN OF
13. FATHER'S NAME	auso Luga	Jello 1209	1-71.4.	4.5.
Dr Minha	Was Ola #1	(C) 14 MOTHER'S WA	IDEN COMP	1
15. WAS DECEASED EVER IN U. S. ARMI			Soyu	ADDRESS // /
(Yes, no or unknown) (If yes, give war or da	Z 215-10-	5664 7/m Hely	Mallet-lurke	1280971 Jman
18. 420,1		CAUSE OF DEATH	11/	ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DE	ATH	Caronanu	Occluses	on 1/2 hour
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	eans the disease,	ante: 15	ele-	12/000
ANTECEDENT CAU		Neclarity	's Van-	las Unite
Z O DISEASES OR CONDITIONS,	IF ANY, GIVING	droins	armo-moce	las Unknow
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	STATING THE DUE TO			
	(C)			
OTHER SIGNIFICANT CONE	DITIONS CON.	beler Mellita	-	31/24
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	N CAUSING IT.			10/0/0
N N	19B. MAJOR FINDINGS	OF OPERATION		YES NO
21A. ACCIDENT WAS UNDER-				ty, give exact location)
LYING OR CONTRIBUTING	-			
CAUSE OF DEATH	r) (Hour)   215 IN III DV	OCCUPRED 215 HOW DID	INTURY OCCUR?	
L CAUSE OF DEATH	WHILE AT	NOT WHILE	INJURY OCCUR?	
E CAUSE OF DEATH  21D. TIME (Month) (Day) (Year	m. WHILE AT WORK	NOT WHILE AT WORK		95 that I last saw th
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year  OF INJURY  22. I hereby certify that I ar  deceased alive on	m. WHILE AT WORK	NOT WHILE AT WORK	(, to Jan. 3/_, 1	
21b. TIME (Month) (Day) (Year of Injury)  22. I hereby certify that I at deceased alive on 23A. SIGNATURE	m. WHILE AT WORK	NOT WHILE AT WORK	(, to Jan. 3/_, 1	
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year  OF INJURY)  22. I hereby certify that I as deceased alive on  23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)	ttended the deceased from that de	not while at your ath occurred at 7 400 m.	(, to Jan. 3/_, 1	n the date stated above
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year  PF INJURY  22. I hereby certify that I as deceased alive on 23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  PALE, RECEIVED BY REGISTRAF	m. WHILE AT WORK WORK ttended the deceased from 1957, and that de	rom aug. 5 197 ath occurred at 7 % h.  23B. ADDRESS M. D. 2942 2.	to Jan. 3/_, 1 from the eauses and of Fayethe St.  20. LOCATION (City, to  Balle	n the date stated above
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year  PF INJURY  22. I hereby certify that I as deceased alive on 23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  PALE RECEIVED BY REGISTRAF	ttended the deceased from that deceased from the	not while at work at hoccurred at 7 400 h.  238. ADDRESS M. D. 2947 2.  F. CEMETERY OR CREMATORY	to Jan. 3/_, 1 from the eauses and of Fayethe St.  20. LOCATION (City, to  Balle	n the date stated above  23C. DATE SYGNED  2/2/5/ own, or county) (State)
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year  22. I hereby certify that I at deceased alive on 23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  PALE RECEIVED BY REGISTRAF	ttended the deceased from that de la company and the	not while at work at hoccurred at 7 400 h.  238. ADDRESS M. D. 2947 2.  F. CEMETERY OR CREMATORY	to Jan. 3/_, 1 from the eauses and of Fayethe St.  20. LOCATION (City, to  Balle	own, or county) (State)

Platin Joseph Mallet The Market Holes The histories and the second s A Principle And Section of the Secti The state of the state of the second state of the second the man in the supplies that the supplies the supplies the The States Hickory and the state of t the contract of the second The state of the second with the or Child for Jeneral and the fall that the said of the said 11 J. D. 1/2

DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

12/1/2 5

MANAGE STOPPE

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1010

RTH NO.			CERTIFICATI	E OF DEATH	8	No
NAME OF D 'ype or Print)	RC	)BER <b>T</b>	HAGANS		D 607 (111	uary 30, 1951
					Where deceased lived, If B. COUNTY	institution: residence before admission)
FULL NAME	· /	al or instituti		Maryland		
				c, CITY OR TOWN (I	outside corporate limit	s, write RURAL and give township)
2	Johns Hopk	ins Hos				
			Yrs. Mos.			
		7 SINGLE	Days			f Under 1 Year   If Under 24 Hours
		WIDOW	ED, DIVORCED (Specify)		la t birthday) Mo	onths Days Hours Min.
		All products and the	4.2.34			12. CITIZEN OF
done during most o	of working life, even if retired)		INDUSTRY			WHAT COUNTRY
				14 MOTHER'S MAIDEN N	AMF	16.500.
			GASD OUT WAS			
	D EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL	` <del></del>		DDRESS
, ng or ooknown)		s of service)	SECURITY NO.			
-					s, 705 sterri	INTERVAL BETWEEN
(This does heart failu	LEADING TO DEA not mean the mode of tre, asthenia, etc. It mes	TH of dying, e. g ans the diseas	e, (A)	tensive cardiovas	cular diseas	ONSET AND DEATH
ANTECEDENT CAUSES Chronic bronchitis						
(B)						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
			(C)		***************************************	
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
				RATION		20. AUTOPSY?
	9					YES NO X
UNDERLYIN	G   OR CONTRIB.	about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,		lf in Baltimore City,	give exact location)
21D. TIME	(M41) (D) (W					
OF INJURY		m.	21E. INJURY OCCURR WHILE AT WORK			
OF INJURY		m.	WHILE AT NOT WHILE AT WORK	above, held an Inspect	ion & Inquir	Y thereon and from
22. I certi,	fy that I took char	rge of the	remains described on surface or in the surface of t	above, held an Inspect Autopsy, Inquiry, find that said d	ion & Inquiry Inspection or Inquiry Leceased died on th	ne day stated above
22. I certi,	fy that I took ehar idence obtained by ath in my opinion	rge of the said Auto	ville at Not while at work remains described of psy, Inspection or interest remains at unal cause.	nbove, held an Inspect Autopsy, Inquiry, find that said d   X, accident □, suicide  238. CHIEF MEDICAL ASSISTANT MEDICAL INVESTIGA*	ion & Inquiry Inspection or Inquiry leceased died on the homicide , to EXAMINER	ne day stated above indetermined [].  IC. DATE SIGNED  Jan. 30, 1951
22. I certi, the even	fy that I took char idence obtained by ath in my opinion TURE	rge of the said Auto	remains described of psy, Inspection or instant cause.	nbove, held an Inspect Autopsy, Inquiry, find that said d   X, accident □, suicide  238. CHIEF MEDICAL ASSISTANT MEDICAL INVESTIGA*	ion & Inquiry Inspection or Inquiry Leceased died on the lambda l	ne day stated above indetermined [].  IC. DATE SIGNED  Jan. 30, 1951
22. I certi, the even and de 23A. SIGNA. DINTERMOVAL (SIGNATE RECEIVE	fy that I took chard dence obtained by ath in my opinion TURE  CREMA- 24B. DATE  BY REGISTRAR	rge of the said Autoresulted f	remains described of psy, Inspection or natural cause.  MARKET STATE OF CEMETE	nbove, held an Inspect Autopsy, Inquiry, find that said d   X, accident □, suicide  238. CHIEF MEDICAL ASSISTANT MEDICAL INVESTIGA*	ion & Inquiry Inspection or Inquiry leceased died on the homicide , to EXAMINER	ne day stated above indetermined [].  IC. DATE SIGNED  Jan. 30, 1951
22. I eerti, the even and de 23A. SIGNA 4A. BURIAL CONTREMOVAL (S	fy that I took chard dence obtained by ath in my opinion TURE  CREMA- 248. DATE  CREMA- 248. DATE  CREMA- 248. DATE  CREMA- 248. DATE  RAR REGISTRAR	rge of the said Autoresulted f	remains described of psy, Inspection or natural causes  MARK TO THE PROPERTY OF THE PROPERTY O	Inspect Autopsy, Inquiry, find that said do so to accident , suicide 238. CHIEF MEDICAL ASSISTANT MEDICAL INVESTIGATION OF CREMATORY 249.1	ion & Inquiry Inspection or Inquiry leceased died on the homicide , to EXAMINER	ne day stated above indetermined [ ic. DATE SIGNED Jan. 30, 1951 or county) (State)
	Baltimore ( FULL NAME OSPITAL OR ISTITUTION  Jength of s SEX  Male  A. USUAL OC  done during most  A. USUAL OC  done during most  The control of s  S. WAS DECEASI  This does heart failt injury or  DISEASE RISE TO T UNDERLY  OTHER S TRIBUTING  19A. DATE OC  21A. EXTERN UNDERLYIN UTING  COMPANIAN  COMPANIAN	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION  Johns Hopk  Johns	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution of the post	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or location)  Johns Hopkins Hospital  Johns Hopkins Hospital  Pength of stay in Baltimore  SEX S. COLOR OR RACE (Industry Hospital)  A. USUAL OCCUPATION (Give kind of ladder)  Johns Hopkins Hospital  A. USUAL OCCUPATION (Give kind of ladder)  Johns Hopkins Hospital  A. USUAL OCCUPATION (Give kind of ladder)  Johns Hopkins Hospital  Johns Hopkins Hospital  Antered  Johns Hopkins Hospital  Yrs.  Mos.  Mos.  Days  For Colored  Antered  Johns Hopkins Hospital  Johns Hopk	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF OSPITAL OR	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF CITY OF TOWN (If outside corporate lived if STITUTION Johns Hopkins Hospital or institution, give street address or Death Grant Maryland Country Maryland C

#### BURges

#### BALTIMORE CITY HEALTH DEPARTMENT

51. 1011

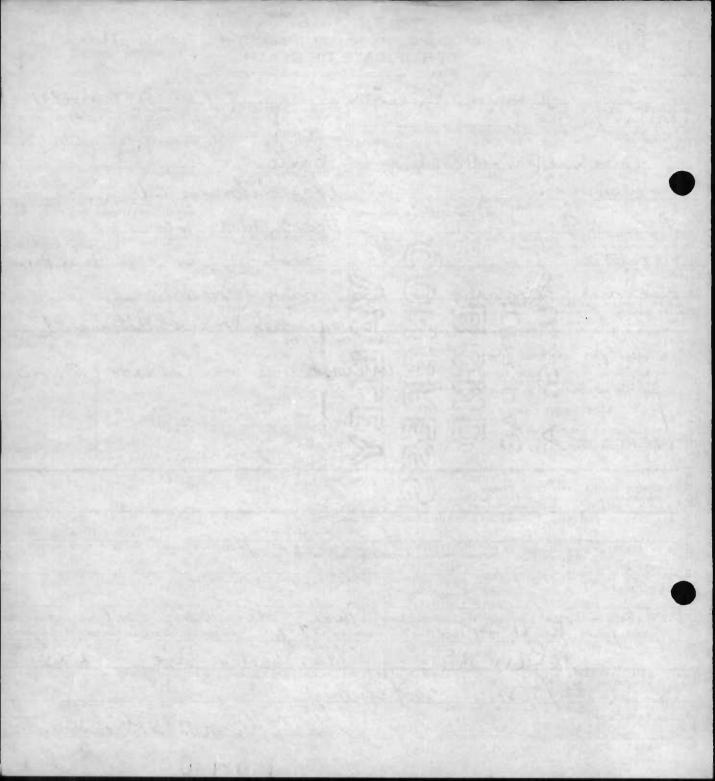
Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: before admission) B. COUNTY A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years | ff Under | Year | ff Under 24 Hours last birthday) Months: Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dope during most of working life, even if retired) INDUSTRY WHAT CQUNTRY Donesie 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mara mary LIMM WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. macast INTERVAL BETWEEN CAUSE OF DEATH 18. 20,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 回 TO THE DISEASE OR CONDITION CAUSING IT 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK. 1944. to. 19 1 that I last saw the 22. I hereby certify that I attended the deceased from. m., from the causes and on the date stated above. Thin . 19 1 ... and that death occurred at ? deceased alive on 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE M. D. 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 1 Sund UNERAL/DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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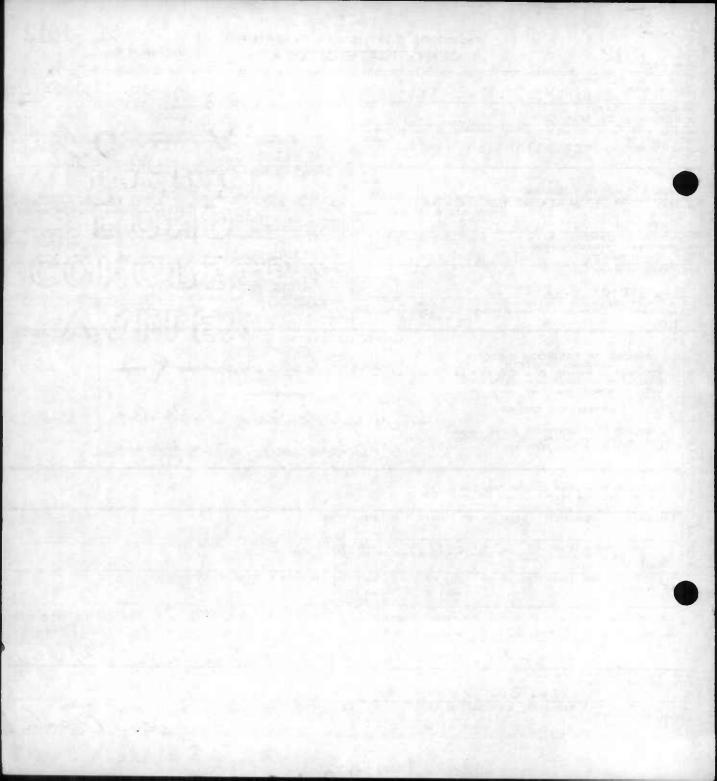
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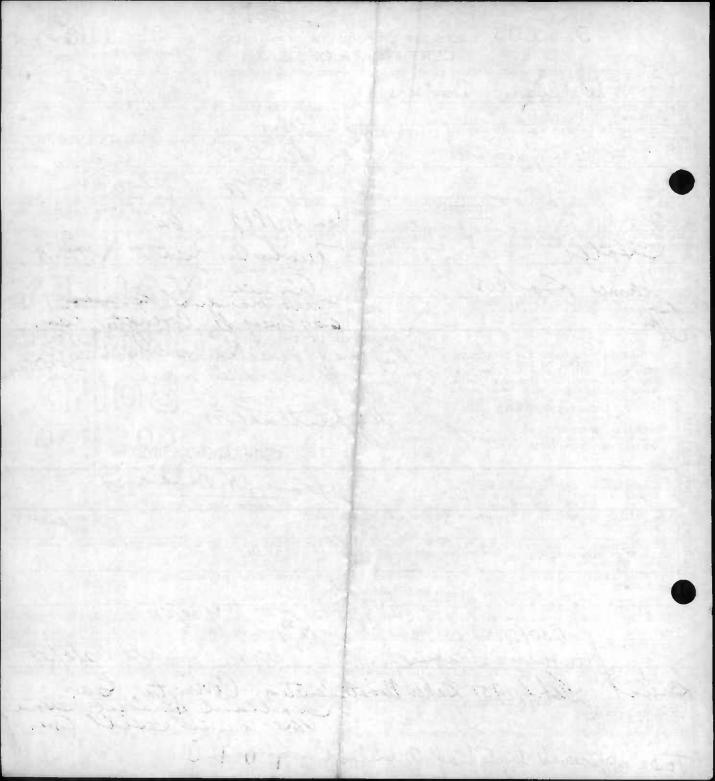
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

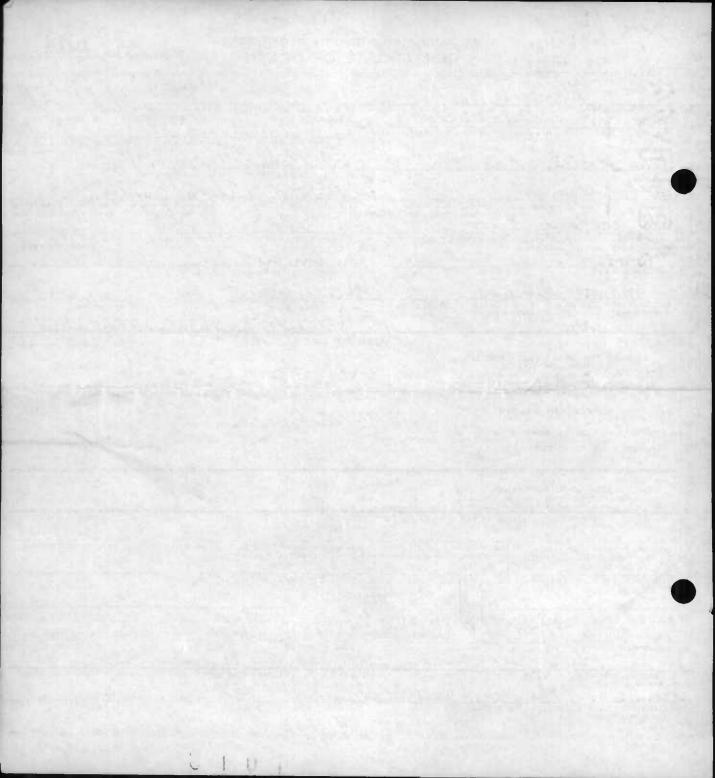
BI	RTH NO.					
1. (T	NAME OF DECEASED (pe or Print) Elizabeth	V. Per	nsmith			an. 31,1951
	PLACE OF DEATH: Baltimore City, Maryland			A. STATE	B. COUN	ved. If institution: residence TY before admission)
		al or institut	ion, give street address or		ryland	~ ~ ~ ~ ~
	SPITAL OR 2303 Alle	Road location)	c. CITY OR TOWN Baltim		e limits, write RERAL and give township)	
			Yrs.	D. STREET ADDRESS	S (If rural, give locati	ion)
	Length of stay in Baltimore		Mos. Days	2510	E. Biddle	St
5	SEX 6. COLOR OR RACE	7 SINGLE	E. MARRIED.	8. DATE OF BIRTH	9 AGF IIn ve	ears If linder I Year   If linder 24 House
1	O. COLON ON MAGE	WIDOW	ED, DIVORCED (Specify)		last birthda	Months Days Hours Min.
	FW	Wid	dow	Jan. 18,186		
	A. USUAL OCCUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF
WOLI	dooe during most of working life, even if retired)	at	home	Baltimore	Md.	U S.A.
13	Housewile Father's Name	0.0	1101110	14. MOTHER'S MAID		
	Patrick H. Farr	ell			Flemin g	
15	. WAS DECEASED EVER IN U.S. ARMEI , oo or uokoown) (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT		aa Aboressaa
(10	no no	• OI 801 VICE)	security No.	Mrs. Conrad	LZieget	
	110		CALLET			INTERVAL BETWEEN
	18. 443 X 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA		An.	7 0	410	
	(This does not mean the mode of	of dying, e. 1	3., (A) /WY	re mimos	rary colo	na / day
	heart failure, asthenia, etc. It mes	ns the diseas	e,			
			41		. (	
	ANTECEDENT CAUS	SES	1/1	1-1-1-	- Cane	lea Wiss
Z	DISTASES OF CONDITIONS		(B) (B)	seriessi	12	4-177
	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A)	STATING TH				/
4	UNDERLYING CONDITION LA	AST.	(C) The	scular	Screa	2
10			(0)		0	
RTIFICATION	II .					
Œ	OTHER SIGNIFICANT CONDI					
CE	TO THE DISEASE OR CONDITION				· · · · · · · · · · · · · · · · · · ·	
	19A. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
₩ Z						YES NO
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			City, give exact location)
Σ	21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID I	NJURY OCCUR?	
	OF INJURY		WHILE AT NOT WHILE			
		m.	WORK AT WORK		1	
	22. I hereby certify that I at	tended the	deceased from	1944,19	to 10m. 31	, 195, that I last saw the
	deceased alive on Jan. 3			rred at 3 a. m. f	You the causes and	d on the date stated above.
	23A. SIGNAFORE	, 10		3B. ADDRESS O		23C DATE SIGNED
	Homer	LLE	lodd M.D.	210886	Tane St	2/1/51
2	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)		24c. NAME of CEMETE	RY OR CREMATORY		
	Burial Feb.	3,1951	New Cathd:		Baltimo	
	ATE RECEIVED BY REGISTRAR	S SIGNATI	JRE	Henry San	der & Sons	Inc ADDRESS
F	EB ZEGISTRAR	En Will	ideas Mr		altimore De	. /////
	VC 150	23.11/8:	th Coast III	D		7
	VC 150				~	



B-26051 1013 51 1013 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Balsen ellean OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED If Under 1 Year 9. AGE (in years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours Min. Seperated 10A. USUAL OCCUPATION (Give kind of work done during input of working life oven if retired) 1. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTR WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL unknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CERTIFICATION APPROVED BY OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. ANTOPSY? 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 1/30 .. and that death occurred at 0 35 m \_, 19\_\_\_, that I last saw the deceased alive on. /19\_ 2 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE/SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or sounty) DATE RECEIVED 8V REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tobe approved by



BALTIMORE CITY HEALTH Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B/ COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Bar-(If rural, give location) D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE If Under I Year 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Wedow 10 USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN DAME mann 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or days of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 18. DEATH CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTIFICA (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED DF INJURY WHILE AT NOT WHILE 50 1950 to 22. I hereby certify that I attended the deceased from. I that I last saw the 193 0 12 m., from the causes and on the date stated above. deceased alive on. and that death occurred at 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24D. LOCATION (City, town, or county) 24c, NAME of CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE TION REMOVAL (Specify) Queal marye DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR devel VS 150

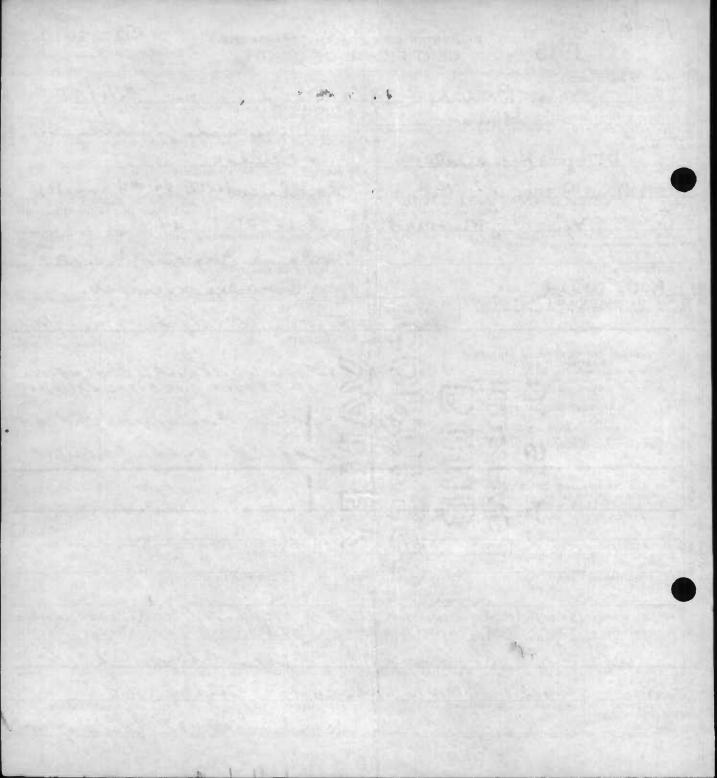


K-650
51. 1015

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

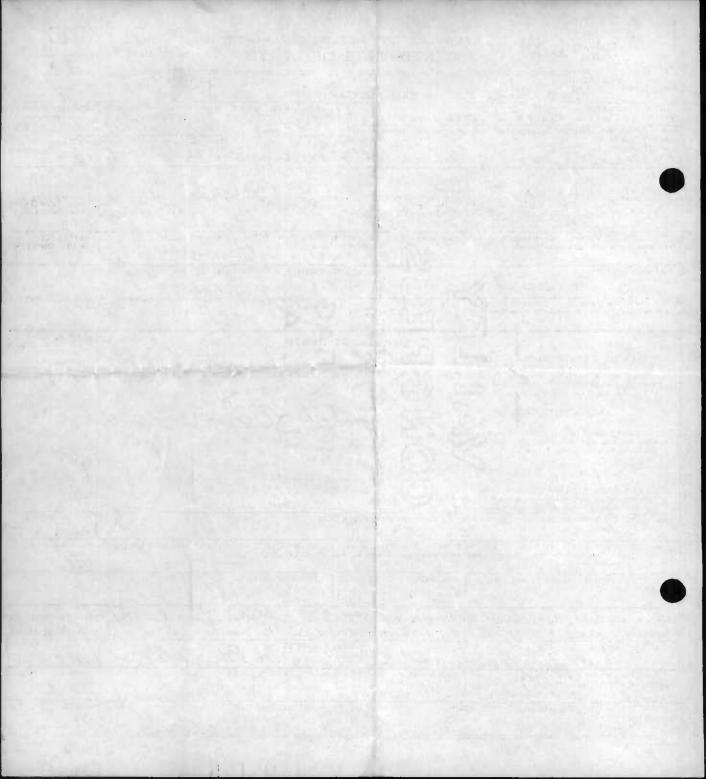
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ВІ	RTH NO.		CERTIFICAT	E OF DEAT	H Registered	1 No
1.	NAME OF DECEASED				2. DATE	
(T	pe or Print)	Bert	ha 2. 14e	arneus	OF DEATH	2/1/51
	PLACE OF DEATH: Baltimore City, Maryland	516-		4. USUAL RESID	ENCE (Where deceased lived,	It institution: residence before admission)
В.	FULL NAME OF (If not in hospi	tal or ins itu	tion, give street address or	Mour	0 0 801	mild to mark
	SPITAL OR STITUTION		location)	C. CITY OR TOWN	(If outside corporate li	mits, write LURAL and give
11	1 brugnes	-01-101	Tal.	Elke	idaa: 63	township)
		20	Yrs. Mos.	D. STREET ADDR	ESS (If rural, give location)	
-	Length of stay in Baltimore		Days	Rocklus	70/01	4 1304.106
5.	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRT	last birthday)	Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kinds	M	arried.	8-10-		
work	done during most of working life, even if retired	I IOB. KINI	O OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
12	FATHER'S NAME			alcelen		U.S.A.
13	1/ A			14. MOTHER'S MA		
15	K. U. Ward			C w	delia clem	est.
(Ye	mo or unknown) (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_			No-	NOSEPLL.1	KEARNEY ELIN	
	18. 331 % 1			OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA	TH				G1 .
	(This does not mean the mode heart failure, asthenia, etc. It me				CEMEBARL	
	injury or complication which	caused deatl	1.) DUE TO	DEMA BA	AIN - SUBBUA	ML EXUDATE
	ANTECEDENT CAU	SES				
TION	DISEASES OR CONDITIONS.	IF ANY, GIVI	NG .	BYERBL	PULLMIN.	MAYEDEMA
ATI	RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	STATING TI	HE DUE TO		2. 2. 2.	
U			(c)	SEAML.	PLEURAL	EKEWINI
RTIF						
ER	OTHER SIGNIFICANT COND					
ū	TO THE DISEASE OR CONDITION			A.T. O		
AL	19A. DATE OF OPERATION	ISB. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC,	21A. ACCIDENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., i	or 21c. WHERE	OID (If in Baltimore City	y, give exact location)
MED	LYING OR CONTRIBUTING CAUSE OF DEATH	about home,	farm, factory, street, office bldg.,	te.) INJURY OCCL		
	210. TIME (Month) (Day) (Year F INJURY	(Hour)	21E. INJURY OCCURR	D 21F. HOW DIE	INJURY OCCUR?	
	A 2 to 1 to 1 to 1 to 2 to 2 to 2 to 2	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I at	tended the	deccased from/_	3/ ,195	7, to 2/1, 19	57, that I last saw the
	deceased alive on 2/1			red at 2:55 m	, from the causes and on	
	23A. SIGNATURE	11	11 , 2	38. ADDRESS	1/1	23C. DATE SIGNED
2	M Men	10-	HUM M. D.	- Cly	un vaga	2/1/07
TIC	A. BURIAL CREMA 24B. DATE N. REMOVAL (Specify)	13 15 15			240. LOCATION (City, to	
	4RIAL 4/3/3	/	MEDOW RIDG			np.
	TE RECEIVED BY REGISTRAR	S SIGNATI	JRE	26. FUNERAL DIE	RECTOR	ADDRESS P
-	09 1951	37 1/2	Allegist St.	Joseph J. les	mbrone 13 28 8)	Mehan Spring Ca
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		b 1	1 2000	V		C 0 11
1		1	9510	101	F3 8	833



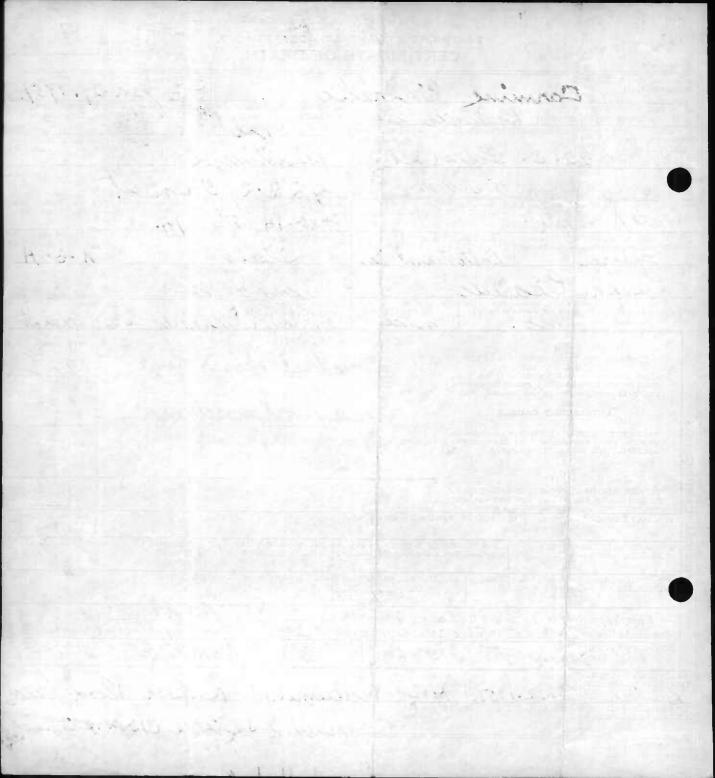
BALTIMORE CITY HEALTH DEPARTMENT 1016 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE 2/ (Type or Print) OF Tosale DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If cutside corporate limits, write RURAL and give INSTITUTION /township) Anne D. STREET ADDRESS (If rural, give lecation) Yrs. Mos. c. angth of stav in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH It Under 1 Year AGE (in years) Il Under 24 Homs last birthday) Months Days WIDOWED, DIVORCED (Specify) Hours! Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK . 195/, that I last saw the 22. I hereby certify that I attended the deceased from\_ 1957, and that death occurred at 1.20 Pm., from the causes and on the date stated above. deceased aliveron\_ 23A, SIGNAPORE 238. ADDRESS 23c. DATE SIGNED M. D. 24c. NAME OF CEMETERY DR CREMATORY 24A. BURIAL CREMA-24D. LOCATION (City, town, or county) 248. DATE ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

VS 150



CERTIFICATE CORRECTED 2-14-51	A 104
P-264 BALTIMORE CITY HEALTH DEPARTMENT 51	1017
BIRTH NO. CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED 2. DATE A	00 10 41
(Type or Print) Corumne licarello DEATH James	29.1931
a. Baltimore City, Maryland Galtemal, Cety A. STATE B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, w	rite RURAL and give
INSTITUTION 422. S. Colen St. Baltinene 3	township)
Yrs, O. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore O O Wy Days   A Q Q O O O	1 Year   If Under 24 Hours
Male. Alute. WIDOWED, DIVORCED (Specify) Feb. 14 18" 74.	s Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work do be during most of working life, even if retired)  Sollo transit Co.  11. BIRTHPLACE (State or foreign country)  12. Bollo transit Co.	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT CASE OF CONTROL OF CONT	RESS S
18. 3 2 1 V CAUSE OF DEATH	INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  OUE TO	1943
_ ANTECEDENT CAUSES Sures alruses	1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OCATH, BUT NOT RELATED	
[C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give	YES NO E
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK	
	hat I last saw the
deceased alive on 144 d. 1951, and that death occurred at 3 22 m., from the causes and on the	
Chithony F. Caroggo. 5211 YORK Del	3- 1-51
24a. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or TION, REMOVAL (Specify)	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE ( 25 FUNERAL DIRECTOR A	DORESS MAG
LOCAL REGISTRAR SIGNATURE Wouldell J. J. Diagol 315 N	dialitant
EFR/9 154951	0
7 1/)	V130

correct age



51 1018 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) oung OF OWIDE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STAT before admission) (If not in hospital or institution, give treet address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, wrife RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) If Under 1 Year DATE OF BIRTH 9. AGE (In years) AGE (In years | Months | 1 Year | Months | Months | Hours | Min. 10 wilnus 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR of foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ANLIGIA 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO. une INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? MEDICAL YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Pib. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 1/16 19 1, to-, that I last saw the 124 . 1951, and that death occurred at 705 km, from the causes and on the date stated above, deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TON, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) Luia 25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

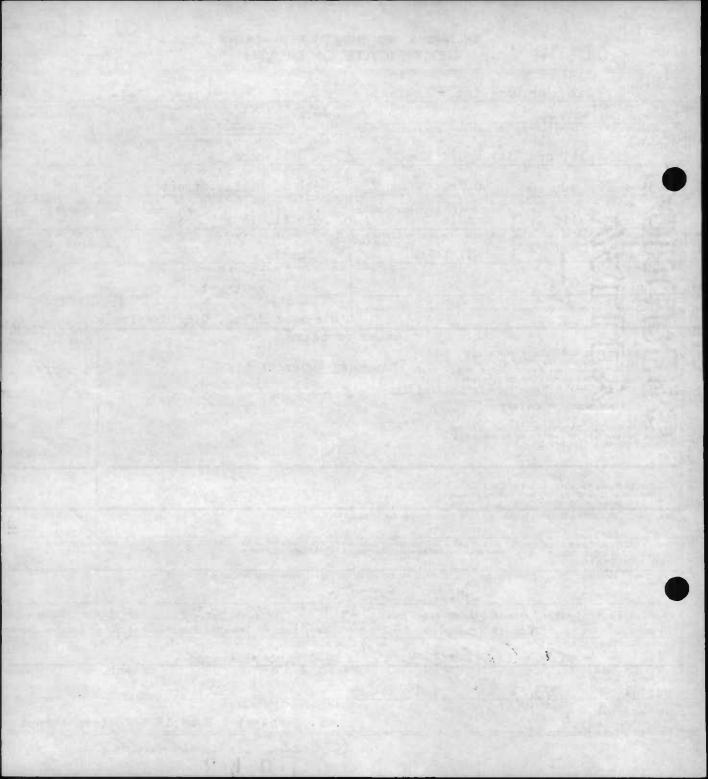
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43)

I NAME OF DECEASED  TOPPO OF PICTS  S. PLACE OF DEATH  A BRILlimore City, Maryland  A BRILlimore City, Maryland  C. COUNTY  Maryland  C	The state of the s	CITY HEALTH DEPARTMENT	Registered No. 1019
Bellimore City, Maryland  FULL NAME OF (If not in begital or institution, give street address or location)  University Hospital  Ongth of stay in Baltimore  S. SEX  Ongth of stay in Baltimore  S. SEX  Ongth of stay in Baltimore  S. SEX  Occord  O	1. NAME OF DECEASED		OF January 31, 1951
University Hospital  Ongth of stay in Baltimore  S. SEX  Octored	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR	et address or location) C. CITY OR TOWN (If	B. COUNTY before admission
S. SEX   C. CLOR OR RACE   7. SINGLE, MARRIED. (Speedfy)   S. DATE OF BIRTH   S. AGE (In years in liberal 1 fast in liberal 2 in the control of the contro	University Hospital	Yrs. D. STREET ADDRESS (If a	rural, give location) ca Street
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL   SECURITY NO.   WINDERS MAIDEN NAME   CAUSE OF DEATH   SUDDITIONS OF OPERATION   SECURITY NO.   WINDERS MAIDEN NAME   CAUSE OF DEATH   SUDDITIONS OF OPERATION   SECURITY NO.   WINDERS MAIDEN NAME   CAUSE OF DEATH   SUDDITIONS OF OPERATION   SECURITY NO.   WINDERS MAIDEN NAME   CAUSE OF DEATH   SUDDITIONS OF OPERATION   SECURITY NO.   WINDERS MAIDEN NAME   CAUSE OF DEATH   SUDDITIONS OF OPERATION   SECURITY NO.   WINDERS MAIDEN NAME   CAUSE OF DEATH   SUDDITIONS OF OPERATION   SECURITY NO.   WINDERS MAIDEN NAME   CAUSE OF DEATH   SUDDITIONS OF OPERATION   SECURITY OPERAT	WIDOWED, DIVORC	(Specify) Aug 11/9/1	last birthday) Months Days Hours Min
15. WAS DECEASED EVER IN U. S. ARMED FOICES? (Yes, no or unknown)   10 yes, give war or dates of wise)   16. SOCIAL   SECURITY NO.   18.   19.		INDUSTRY Balls M	WHAT COUNTRY
SECURITY NO.   William   SECURITY NO.   William   SECURITY NO.   William   SECURITY NO.   SECURITY NO.   William   Security No.   Subdural hemorrhage   Security No.	13. FATHER'S NAME Dauley	Rachel Cla	ak-
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or compleation which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LAST.  (C)  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS AUTOMATIVE AUTOMATIVE (a.g., in or UNDERLYING ADDITION COUNTRIBUTING TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 21B. FLACE OF INJURY (a.g., in or UNDERLYING ADDITION COUNTRIBUTING TO CAUSE OF DEATH.  WHILE AT WORK AT AT WORK TO THE DISEASE OF CONDITION WHILE AT WORK AT AT WORK TO THE DISEASE OF CONDITION COUNTRIBUTING TO THE DISEASE OF CONDITION COUNTRIBUTION COUNTRIBUTING TO THE DEATH, BUT NOT WHILE AND WHILE AT WORK AT AT WORK TO THE DISEASE OF CONDITION COUNTRIBUTION			= 814 S, Paca Sh
19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPS: YES X NO  21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB- UTING CAUSE OF DEATH.  HOME  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  FINJURY  January ? 1951  m. WHILE AT NOT WHILE X AT WORK  AT WORK  22. I certify that I took charge of the remains described above, held an and death in my opinion resulted from: natural causes A accident A suicide A noncide A undetermined	OISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  OUE TO ANTECEDENT CAUSES	Subdural hemorrhage	ONSET AND DEAT
19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPS: YES X NO  21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB- UTING CAUSE OF DEATH.  HOME  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  FINJURY  January ? 1951  m. WHILE AT NOT WHILE X AT WORK  AT WORK  22. I certify that I took charge of the remains described above, held an and death in my opinion resulted from: natural causes A accident A suicide A noncide A undetermined	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
21b. TIME (Month) (Day) (Year) (Hour)  Jamuary ? 1951  m. WHILE AT WORK  Blunt force  21ccrtify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  23a. SIGNATURE  M.D. MEDICAL INVESTIGATOR.  (State of the remains described above, held an Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  23b. CHIEF MEDICAL EXAMINER	U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS		YES X NO
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide ☑, undetermined □.  23A. SIGNATURE    ASSISTANT MEDICAL EXAMINER□   23C. DATE SIGNED	Z 21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY WHILE AT	Y OCCURRED 21F. HOW DID INJURY	Street
M.D. ASSISTANT MEDICAL EXAMINER	22. I certify that I took charge of the remains of	lescribed above, held an Autopsy. ection or Inquiry, find that said dural causes [], accident [], suicide	Inspection or Inquiry eceased died on the day stated abou $\square$ , homicide $\square$ , undetermined $\square$ .
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	24A. BURIAL, CREMA- 24L DATE 24C. NAME TION, REMOVAL (Specify) 2-5/45/	M.D. ASSISTANT MEDICAL M.D. MEDICAL INVESTIGAT OF CEMETERY OF CREMATORY 24D. L	EXAMINER Feb. 1, 1951 OGATION (City, Jown, or county) (State

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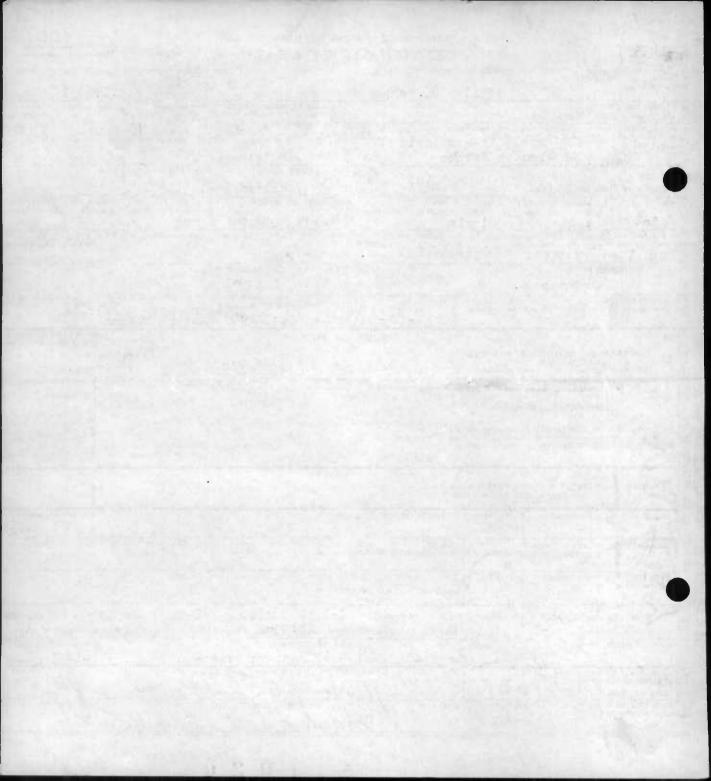


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#### BALT

TIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.
	2. DATE

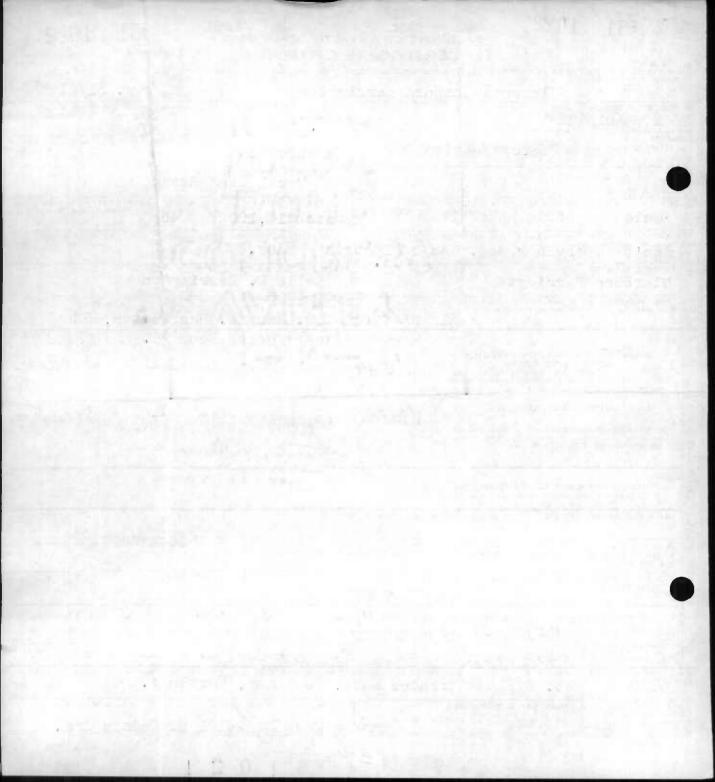
1. NAME OF DECEASED (Type or Print)	William A. Webb		of DEATH Feb	.1,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospi	tal or institution, give street address or		1	1
HOSPITAL OR Baltimore	City Hospitals location)	C. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give
4940 Easte	rn Avenue	Baltimore		(township)
	Yrs.	o. STREET ADDRESS (If )	ural, give location)	
ength of stay in Baltimore	Life Mos.	3947 Roland Ave	. (11)	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	if Under I Year on the Days Hours Min.
Male   White	Single	April 3,1919	31	
10A. USUAL OCCUPATION (Give kind o work dooe during most of working life, even if retired	1 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Machine Operator	Eastern Box Co.	Maryland		WHAT COUNTRY?
13. FATHER'S NAME	CORNUGATED	14. MOTHER'S MAIDEN NA	ME	
George H.		Mary L Carl		
15. WAS DECEASED EVER IN U. S. ARME	D FORCES?   16. SOCIAL	17. INFORMANT B		DDDEEC
(Yes, no or uoknowo) (If yes, give war or dat	security No. 217-03-260	- 21 6 1E	ore City Ho	spitals
18.		OF DEATH	0 0 6 1 H 1 1 4 6 H	INTERVAL BETWEEN
0077		OF BEATH		ONSET AND OEATH
DISEASE OR CONDITION LEADING TO DEA	TH D 7	ary Tuberculosis		1
(This does not mean the mode heart failure, asthenia, etc. It me		ary - uoci culosis		unknown
injury or complication which	caused death.) DUE TO			
ANTECEDENT CAU	SES			
Z	(B)		***************************************	
O DISEASES OR CONDITIONS.  RISE TO THE ABOVE CAUSE (A)	IF ANY, GIVING STATING THE OUE TO			
UNDERLYING CONDITION L				
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.  OTHER SIGNIFICANT COND TRIBUTING TO THE OEATH, BUT	(6)		••••••••••••	***************************************
Ē 11				
	NOT RELATEO			
O TO THE DISEASE OR CONDITION				
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
O	1 21- DIACE OF INJURY /	- 210 MULEDE DID. (I	t in Dalainanna Cian	YES NO X
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
Σ GAOSE OF BEATTI				
FINJURY (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I at	tended the deceased from	2-1 , 1951, to	2-1 19 6	1 that I last saw the
deceased alive on 2-1	_, 19_51, and that death occur	, ,		
23A. SIGNATURE		38. ADDRESS	to carroos and on t	23c. DATE SIGNED
C.S.	Closen M.O.	4940 Eastern Aven	11e	2-1-51
24A. BURIAL, CREMA- 24B. DATE	Z4C.NAME OF CEMETE		CATION (City, town	
TION SEMOVAL (Specify) Fel 3	-1951 1 Manda:	Hampstey /3	eltimae	Md
DATE RECEIVED BY   REGISTRAR	'S SIGNATURE	25. FUNERAL DIRECTOR		ADDREAS
LOCAL DEGLOWERS	maindiand of	21 1/1 +	0/1/1/2	5/ Ph/h
	3	mus of perh	014110	6 H.Sh
Vs 150	100	111		1 - 0
	9 - 679	70 1000	1	1313



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1022 Registered No.

BIRTH	1 NO				
(Туре		nce Shepard Harri		of Jan.	
A. Ba	ACE OF DEATH: ltimore City, Maryland		4. USUAL RESIDENCE (W		
HOSP	ITAL OR	or institution, give street address or location) y Hospital	c. CITY OR TOWN (If Catonsville	outside corporate limits	write RURAL and give township)
c. I.e	ngth of stay in Baltimore	Yrs. Mos. Days	652 North Bend	rural, give location)  Road	5200
5. SE	Male 6. COLOR OR RACE White	7. SINGLE, MARRIED.	March 12,1902	9. AGE (In years last highday) Mon	Under 1 Year If Under 24 Hours this Days Hours Min.
10A. L work don	USUAL OCCUPATION (Give kind of eduring most of working life, even if retired)	on. Gas & Heer	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Clarence Harringt	on	Belle M. Ha		
15. W. (Yes, no	AS DECEASED EVER IN U. S. ARMED or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO. 212 05 7001	17. INFORMANT Mrs. Mary M.		DDRESS .652
CATION	DISEASE OR CONDITION DE LEADING TO DEATI (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS	OIRECTLY H  I dying, e. g., us the disease, used death.)  ES  ANY, GIVING STATING THE  DUE TO	OF DEATH North I	sin	3 Moutts
CERTIFIC	II OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	NOT RELATED	CHEE OR ASST. MEDI	M. D.	
AL 19	A. DATE OF OPERATION	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
A C C	1A. ACCIDENT WAS UNDER- YING OR CONTRIBUTING AUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e (Hour)   21E. INJURY OCCURRI	etc.) INJURY OCCUR?	f in Baltimore City, g	ive exact location)
	FINJURY	m. WHILE AT NOT WHILE		OCCONT	
de	SA SIGNATURE	, 1951. and that death occur	3B. ADDRESS	he causes and on th	, that I last saw the e datc stated above.   23c. DATE/SIGNED
24A.	BURIAL, CREMA- 24B. DATE		RY OR CREMATORY   240. L		or county) (State)
	Burial (Specify) Peb. 3/5			aryland.	
LOCA	RECEIVED BY REGISTRAR'S	Them tillianted & single	rry N. With[eA]	Ol Edmondso	address
	VS 150	122 - SE			930



PRARDISK SILVE 2 hours and the

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

CAUSE OF DEATH PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE!

21F. HOW DID INJURY OCCUR?

WORK

22. I hereby certify that I attended the deceased from. deceased alive on 31, 1951, and that death occurred at 1:16 m., from the causes and on the date stated above,

23C. DATE SIGNED

TION, REMOVAL (Specify) Burial Oak Lawn

25. FUNERAL DIRECTOR

Baltimore

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

23A. SIGNATURE

24A. BURIAL, CREMA-

Lilly & Zeiler . Inc.

ADDRESS 403 S. Wolfe Street

1951, that I last saw the

VS 150

24C. NAME OF CEMETERY OR CREMATORY

In. Leds - 1888 Egg - 11 ew traction of the property of the last traction of the second principal for John to what I The same of the sa The state of the s Sing a failure action. Little in the failure

W .. wiled L 1954年 1954年 - 1957年 - 1954年 - 1954年 - 1954日 - 1954日

Or. Post 51 1626 6805 York Road BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Jan. 31, 1951 Rosa L. Neave 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: before admission) B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 2828 Rosalie Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 2828 Rosalie Avenue length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year last birthday) Months Days Hours Min. female white widowed Dec. 19,1872 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Richmond, Virginia at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matilda Kauffelt Christian Thon 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, np pr upknown) (If yes, give war pr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mrs. Ethel Hokemeyerm 2828 Rosalie INTERVAL BETWEEN 18. CAUSE OF DEATH 465 X ONSET AND DEATH onan Embolus DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, nffice bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! WHILE AT AT WORK Oex Ju 31, 1951, that I last saw the 195 to. 22. I hereby certify that I attended the deceased from. deceased alive on 31, 1951, and that death occurred at 3:39 Pm., from the eauses and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 6805 Work aureus 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CHEMATORY 24D. LOCATION (City, town, or county)

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

Burial

2-3-51

acceptain.

REGISTRAR'S SIGNATURE

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Mem. Park

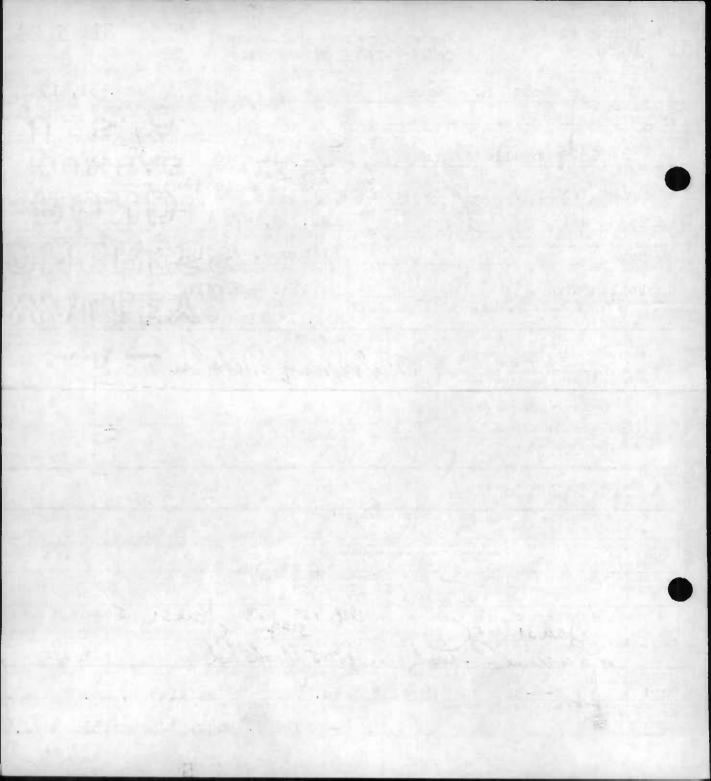
25. FUNERAL DIRECTOR

Moreland

111a

Baltimore. Md

Leonard J. Ruck. 5305 Harford



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1027
Registered No.

1. NAME OF DECEASED WILLIAM HERSHEY WHATE 2. DATE Feb. 1, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR US Marine Hospital c. CITY OR TOWN (If Baltimore (If outside corporate/limits/write/RURAL and give Wyman Pk. Drive & 31st St. township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1016 Rosedale Street Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under | Year last hirthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10/9/78 Wid. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Md . None Retired Osteopath 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Nicholas White Dorkas Rebecca Hagen 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) ADDRESS (Yes, oo or uokoowo) Records- U.S.Marine Hospital, Baltond SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 421 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Aortic stenosis due to calcific 2 yrs. + heart failure, asthenia, etc. It means the disease, DUE TO valvulitis; cardiac hypertrophy and injury or complication which caused death.) failure ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DF INJURY NOT WHILE WHILE AT WORK Jan. 4 151 to Feb. 1 1951, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on and that death occurred at 7:30P m., from the causes and on the date stated above. 23A. SIGNATURE 23B ADDRESS 23c. DATE SIGNED D.W. Patrick, Director US Marine Hospital, Balto, Md. 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE burial U. S. National Cemetery Baltimore. Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR weeker 180 / 1811 and just Wm. book hic. 1217 St. Paul Street VS 150

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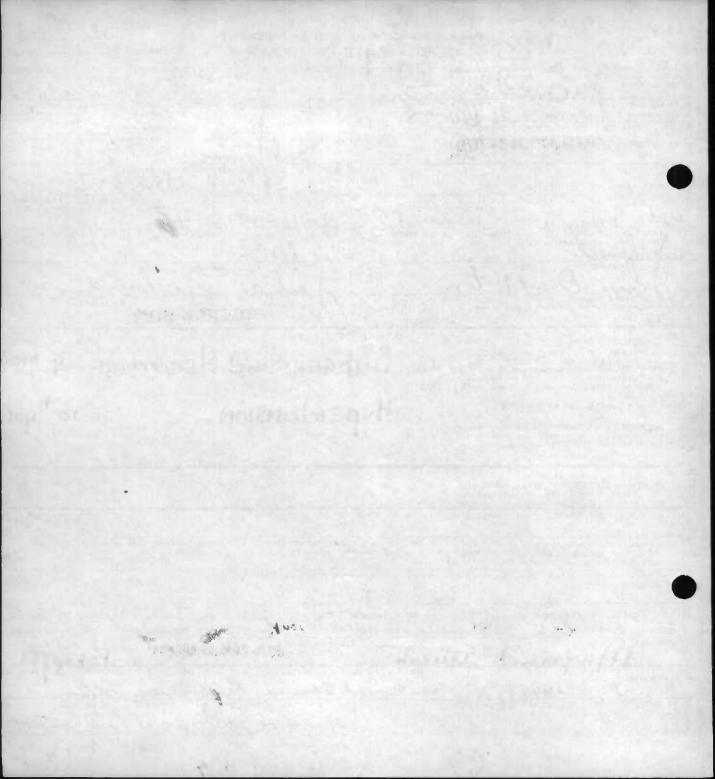
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# BALTIMORE CITY HEALTH DEPARTMENT

51 1028

Registered No.

BI	RTH NO.						•			
(T	NAME OF DECEAS	emge.	x. m	onton				2. DATE OF DEATH TO	muanes 1,198	
Α.	Baltimore City, I		Tha	tion, give street a	address or	4. USUAL RESIDE	NCE (Who	ere deceased lived. B. COUNTY	If institution residence before admission	n)
H	OSPITAL OR ISTITUTION	III NOPLIN			location)	c. CITY OR TOWN	(If ou	7	nits, write RURAL and gi	
2	ength of stay in	Baltimore		nelli-	Yrs. Mos. Days	O. STREET ADDRES	3 0	ral, give location)	ane	_
5.		LOR OR RACE		E, MARRIED. WED, DIVORCEI		8. DATE OF BIRTH	5	9. AGE (In years last birthday)	If Under 1 Year Months Days Hours Mir	
	A. USUAL OCCUPAT  A done during meetof workin	ION (Give kind of fereven if retired)	-	D OF BUSINES	DUSTRY	11. BIRTHPLACE (S	ate or fore	ign country)	12. CITIZEN OF WHAT COUNTRY	Y?
	FATHER'S NAME	D. 7	norto	~	(w)	14. MOTHER'S MAI	DEN NAM	Milla	nd	
(Ye	MAS DECEASED EVER	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURIT	TY NO.	17. INFORMANT	nus agr	LIES HOSPITAL	ADDRESS	_
	18. 330.	X		С	AUSE	OF DEATH			INTERVAL BETWEE	
	DISEASE OR LEAD (This does not m heart failure, asth injury or compli	cnia, etc. It mea	'H f dying, e. ns the disea	g., (A) se,	Su	barachn	oid t	Emorrh	age 9 hr	5
CERTIFICATION	ANTEC DISEASES OR C RISE TO THE ABO UNDERLYING C	VE CAUSE (A)	ANY, GIVI	HE OUE TO	HAR	ertens	lon		10 45	<u>3</u>
CERTI	OTHER SIGNIF TRIBUTING TO THE TO THE DISEASE	E DEATH, BUT	NOT RELAT	ED						
	19A. DATE OF OPE	RATION 1	9B. MAJOF	R FINDINGS C	OF OPER	ATION			YES NO	
MEDICAL	21A. ACCIDENT V LYING OR CON CAUSE OF DEATH	TRIBUTING		ACE OF INJUR farm, factory, street,				in Baltimore City	, give exact location)	
	FINJURY (Month)	(Day) (Year)	(Hour) m.	WHILE AT WORK	NOT WHILE	ED 21F. HOW DID	INJURY (	OCCUR?		
	22. I hereby cert deceased alive on	-0 1	ended the	e deceased fro and that dea		-/ ,195, red at 730/m.,	to {from the		I, that I last saw t the date stated abou	
	23A. SIGNATURE	viais_	7.5	The ill		3B. ADDRESS	POPKIE	S EGSPITAL	23c. DATE SIGNE	D
TIC	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	2/6/5	,	- 1	CEMETE	P Geneley	Park	Eville,	on, or county) State	2)
	CAL REGISTRAR EB3-1951	REGISTRAR'		URE (1.5.68),,		25. FUNERAL DIRE	ICTOR ONC.	1217 4	Paul Stiert	_
	VS 150		,	54	14				83a	



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297 le apponed.	
1000	E OF DEATH Registered No. 1030
1. NAME OF DECEASED (Type of Print) MARTIN J. WELSH	2. DATE 9/1/5/
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE  B. CQUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
MERCY HOSPITIAL 66 Yrs.	BALTO 9-06 township) D. STREET ADDRESS (If raval, give location)
Mos. Days	1902 E. 318#5+ Balto.
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED/DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years) Il Under I Year Il Under 24 Hours Min.  Nov. 11. 1375  18. DATE OF BIRTH  9. AGE (in years) Il Under I Year Il Under 24 Hours Min.
10A. USUAL OCCUPATION (Givekind of work done duffing most of working life, even if retired)  Restaurant	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME Dominick Welsh	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	MARY KEHOE
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Martin J. Welsh, Jr. 8 Tamworth Road
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B.	CERTIFICATION APPROVED BY  DEC JK. VQ 1/2 M. U.  CHIEF OR ASST. MEDICAL EXAMINER.  RATION  20. AUTOPSY? YES NO EINJURY OCCUR?  RED 21F. HOW DID INJURY OCCUR?  TOLL LIMITED AND WINDOW.
Clark Thomas M.D.	23B. ADDRESS 23c. DATE SIGNED 2/150
24a. Burial. Crema-24b. Date 24c. NAME of CEMETE 2/5/51 Cathedral	Baltimore, Maryland.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	4 24. Wears and Son 805- n. Coluent St.
VS 150 N-809. V	0001029 1860

1 /3/1/2 HE TOWNSTIN I COELS H MARKET PRO 6F1176 B 511-17 DIELSCA 1402 12117177 79026 11050 Son Deale 1. 10 15 TS RETICED 1 PECLIFIED YNHRY KEHOE and the SHOCK - SCORMOND A CHICKEN OF WAS from set with the bronchis ple of fatelliant endone + wing to be the most 1 1.75 = 014 Mos Cosk to Sa peldo SUMB / 230 87 2 1 51 of futer the last soul of Edgit. 12/1/2000 Charle Termon class borget

BALTIMORE CITY HEALTH DEPARTMENT Registered I CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) WOMELDORTH W. WOMELDORPH. OF HARRY DEATH February 2, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location) (If outside cor orate limits) write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore Mercy Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore BENTLOU SIREET. Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | ff Under I Year | ff Under 24 Hours last birthday) | Months; Days | Hours; Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) white male MARRIEU SEPT 8 1897 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MAINIENANCE WIN CHESTER. VA U.SA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE WOMELDORPH SAUER CA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. NO LILA V WOMELDORPH 5 N COLLINGTON CAUSE OF DEATH 201 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary artery disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 2Ic. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 238. CHIEF MEDICAL EXAMINER ..... 2 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR Feb. 2. 1951 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

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REGISTRAR'S SIGNATURE

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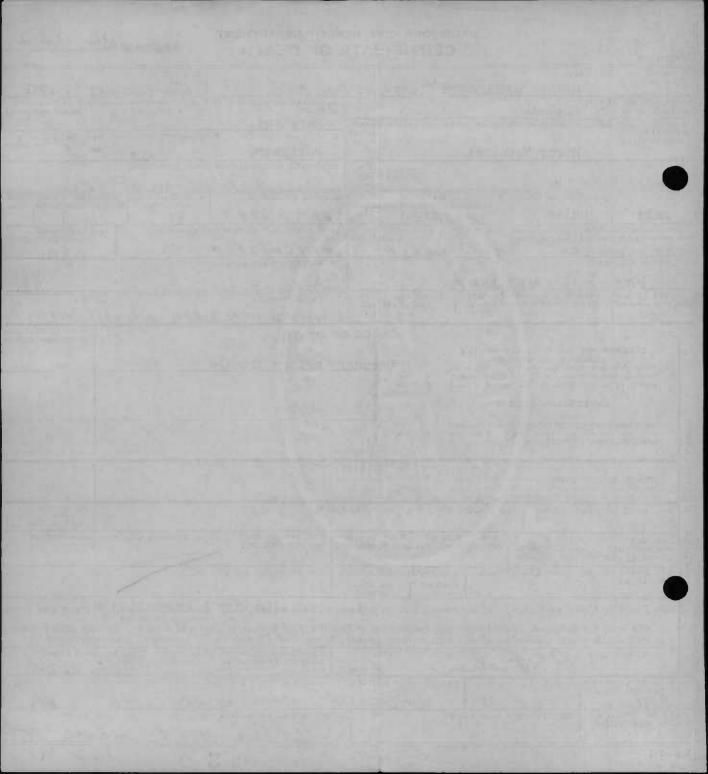
25. FUNERAL DIRECTOR

V S 151

BURIAL

DATE RECEIVED BY

LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF 2. DATE (Type or Print) DEATH February 2, 1951 WILLIAMS KENNETH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR (If outside corporate limits, write AURAL and give INSTITUTION Baltimore Johns Hopkins Hospital Yrs. D. STREET ADDRESS (If rural, give location) 1 10 Mos. ngth of stay in Baltimore ll Irving Place Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | fi Under 1 Year | If Under 24 Hours | Months: Days | Hours | Min. 7, SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) male white JAN 2 MARK SINICHE 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? BALTIMORE MD. NONE U.S. A 13. FATHER'S NAME ERNEST WILLIAMS RUTH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN ADDRESS (If yes, give war or dates of service) SECURITY NO. NONE. LYU ERNEST WILLIAMS ILIRUING 18. CAUSE OF DEATH 1.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Gastro enteritis, acute heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Z 1D. TIME (Month) (Day) (Year) (Hour) INJURY WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted\_from: natural eauses X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23B, CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER...
MEDICAL INVESTIGATOR ....... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ODONNELL SI. BURIAL CEM. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

### BALTIMORE CITY HEALTH DEPARTMENT

51 1033

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF January 30, 1951 HAZEL BOICE Boyce DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Palto. A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 535 N. Central Avenue ngth of stay in Baltimore Davs 7. SINGLE. MARRIED 6. COLOR DR RACE If Under 1 Year 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Female Colored arried 10A, USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Home Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clifford Spencer Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. John Boyce 535 N. Centeral No INTERVAL BETWEEN CAUSE OF DEATH 6000 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute pyelonephritis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  $\overline{0}$ 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT Autopsy 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \mathbb{M} \), accident \( \mathbb{M} \), suicide \( \mathbb{M} \), homicide \( \mathbb{M} \), undetermined \( \mathbb{M} \). 23c. DATE SIGNED 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER...... ASSISTANT MEDICAL EXAMINER ..... Jan. 30, 1951 MEDICAL INVESTIGATOR .. 24b. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-248. DATE Calvery Brooklyn Md. /3/195I Cem. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Llan

V S 151

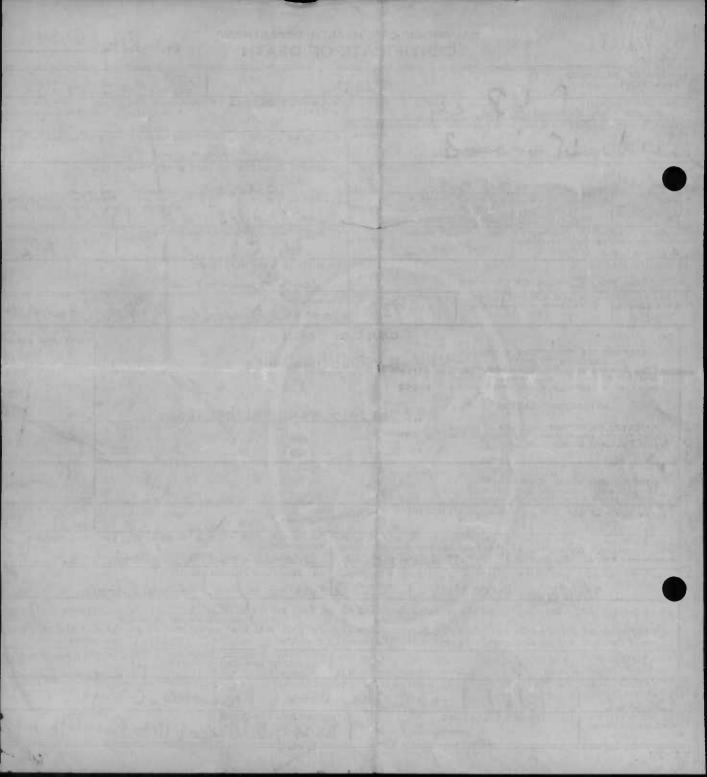
ASSOCIATION OF STREET AND SHEET TRANSPORT 

560	
51. 1	33.4
BIRTH NO.	

### BALTIMORE CITY HEALTH DEPARTMENT

egistered No	1 134
egistered No	

₹.	03. 1034	CERTIFICATI	E OF DEATH	Registered No.	1. 34.34		
	RTH NO.						
	NAME OF DECEASED ype or Print) ROBERT	SKINN	ER	of January	28, 1951		
	PLACE OF DEATH: Baltimore City, Maryland Betto,	city	4. USUAL RESIDENCE (V				
H	FULL NAME OF Of not in hospital or institu OSPITAL OR OSTITUTION	ation, give street address or location)	c. CITY OR TOWN (If	outside corporate Imita,			
	Johns Hopkins Hos	spital Yrs.	Baltimor		' township)		
2	ngth of stay in Baltimore, 35 F	Mos. Days	905 McDon				
		E, MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH		1 Year If Under 24 Hours Days Hours Min.		
10	Male   Colored    A. USUAL OCCUPATION (Give kind of 10B. KIN    done during most of working life, even if paired)	D OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country)   12.	CITIZEN OF WHAT COUNTRY		
4	FATHER NAME ARREST	one	14. MOTHER'S MAIDEN N.	4	SA		
	untown	general	un Tow	ANIE .	V		
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	ADDI	ESS		
	Sec !	CALICE	Jourse Hew	enc 819 ma	INTERVAL BETWEEN		
	18. DISEASE OR CONDITION DIRECTLY	Y	OF DEATH		ONSET AND DEATH		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
-	injury or complication which caused death.) DUE TO						
7	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV	matoma					
TIO	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			49		
ICA		(C)					
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA	TED					
CE	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?		
AL		ACE OF INJURY (e.g., i	n or   21c. WHERE DID (	If in Baltimore City, give	exact location)		
DIC	UNDERLYING OR CONTRIB. about home	e, farm, factory, street, office bldg., of McBonough S	tc.) INJURY OCCUR?	t 905 McDonough	71.1		
Z	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?			
L	9/19/50 9:00m.	WORK AT WORK					
	22. I certify that I took charge of th the evidence obtained by said Au		Autopsy,	Inspection or Inquiry	hereon and fron lay stated above		
	and douth in my opinion resulted	from: natural eause	s □, accident ☑, suicide	$\square$ , homicide $\square$ , under	etermined [].		
	23A. SIGNATURE / C	enlueluc	ASSISTANT MEDICAL	OR Jan	11ar 29 10		
Z. TI	AA. SURTAL CREMA- 24B. DATE DY REMOVAL (Specify) 2 3 5	24C. NAME OF CEMETE	PART OR CREMATORY 240. L	OCATION (City, town, ory	county) (State)		
	ATE RECEIVED BY REGISTRAR'S SIGNAT		28 FUNERAL DIRECTOR	Son 1000 Bis	nty w		
v	S 151 N - 8 - 4, 9	108209	79	18	6a Wi		



5:	500	350/ 420		TIMORE CITY HE	EALTH DEPARTMENT	Registered N	1 1035
1.	NAME OF pe or Print)	DECEASED		S YUYN N.	3 3 2 7 111	2. DATE OF DEATH /- 3	31-51
а. ]		City, Maryland	1 0		4. USUAL RESIDENCE (W	1 DERIII /	- 4
HO	TULL NAME SPITAL OR STITUTION			ion, give street address or location)	c. CITY OR TOWN (If	outside corporate limit	write RURAL and give township)
3	7	0101086	डिराम भ	OSPITALS Yrs.	D. STREET ADDRESS (IF		) C C WHISHIP)
c.	ngth of	stay in Baltimo		Mos. Days	8. DATE OF BIRTH	amityst.	
	304	NEGRO	WIDOW	ED, DIVORCED (Specify)	oct 26# 1945	last birthday) Mo	Under   Year   If Under 24 Hours   Min.
work c	looe during most	of working life, even if re	kind of 10B. KIND	OF BUSINESS OR INDUSTRY		-TO-	12. CITIZEN OF WHAT COUNTRY
13,	Wa.	rner 7	Lynn	Value in the	14. MOTHER'S MAIDEN NA	-	
15. (Yes,	WAS DECEAS	(If yes, give war	RMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
RTIFICATION	(This doe heart fail in jury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO LEADING TO SO NOT MEAN THE MEAN TO SO NOT THE ABOVE CAUSE YING CONDITION THE ABOVE CAUSE YING CONDITION THE ABOVE CAUSE THE ABOVE C	DEATH ode of dying, e. s t means the diseas ich caused death CAUSES  NS, IF ANY, GIVIN (A) STATING TH N LAST.	(B) Cong	or DEATH  a regarde ce		INTERVAL BETWEEN ONSET AND DEATH
S _	TRIBUTIN TO THE	SIGNIFICANT CO G TO THE DEATH, DISEASE OR COND	BUT NOT RELATE	T			
ZAL ZAL	1-31	of OPERATION	19B. MAJOR	moran . (infi	indulular Stero	sis )	YES NO
MEDIC	CAUSE OF	(Month) (Day) (	G about home,	ACE OF INJURY (e. g.) ic arm, factory, street, office bldg., e	tc.) INJURY OCCUR?	f in Baltimore City, g	rive exact location)
	INJURY		m.	WHILE AT NOT WHILE			
	22. I herel deceased a 23A. SIGNA	live on 1-3		and that death occur	red at 3:30 Pm., from the 3B. ADDRESS		that I last saw the date stated above
	REMOVAL		TE /18,1-1	MI OLD	RY OR CREMATORY 24D. L.	ettimon (City, town,	or county) (State)
LOC	RECEIVE CAL REGIST	ED BY REGISTION	RAR'S SIGNATU	ianus M	25 FUNERAL DIRECTOR	lang 1000 h	Beauty My
8 2	√s 150 1	331		d of the state of	0 1 0 1 0	3 4	157E

Wallan av

fortality and

198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) D. TIME (Month) (Day) (Year) (Hour)

WHILE AT

21E. INJURY OCCURRED

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

. 1951. to\_

WORK AT WORK 22. I hereby certifu that I attended the deceased from\_ Year 20 2n 31, 19 51, and that death occurred at 2 Am., from the causes and on the date stated above. deceased alive on

23A. SIGNATURE 6. Bollellen

(If in Baltimore City, give exact location)

23c. DATE SIGNED

. 19 1 that I last saw the

20. AUTOPSY?

24A. BURIAL, CREMA-24B, DATE

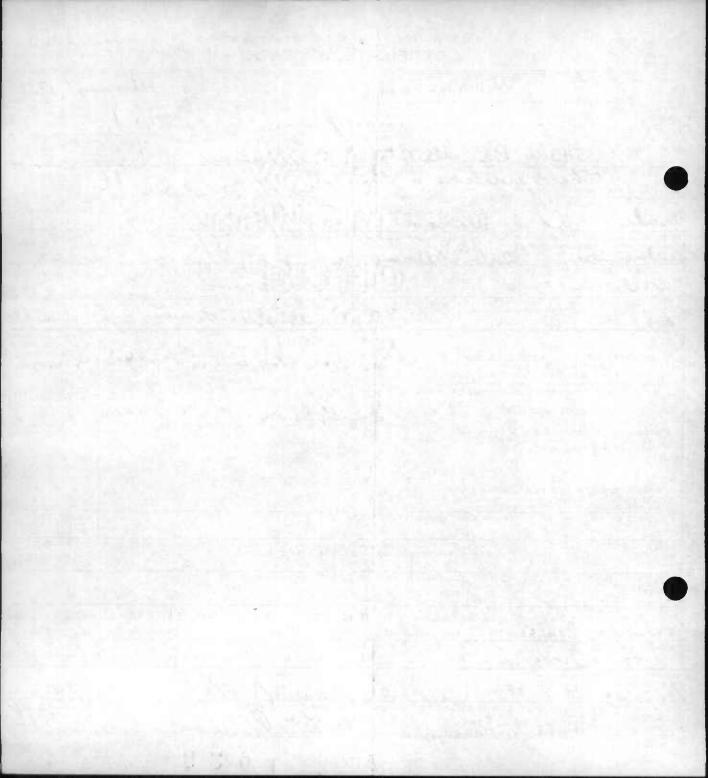
24c. NAME OF CENSTERY OR CREMATORY

238, ADDRESS

Wulus DATE RECEIVED BY

VS 150

LOCAL REGISTRAR



51 1037 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE EDWARD : EMMETT STEVENS DEATH January 30, 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION 648 Bradley Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore 6/8 Bradley Street Days 6. COLOR OR RACE | 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (In years AGE (In years | N Under | Year | N Under 24 Hours last birthday) | Months: Days | Hours: Min. male colored Married July 17. 189 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? preacher Richmond, Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT (If yes, give war or dates of service) (Yes, ng or unknown) SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Whypertensive arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, disease injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES NO 13 21c. WHERE DID (If in Baltimore City, give exact location)

21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

2 IE. INJURY OCCURRED

INJURY WHILE AT WORK

AT WORK

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE

24A. BURIAL CREMA-248 DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY

LOCAL REGISTRAR · with a for VS 151

25. FUNERAL DIRECTOR

MEDICAL INVESTIGATOR.

21F. HOW DID INJURY OCCUR?

Autopsy, Inspection or Inquiry

240-40CATION (City, town, or county

INJURY OCCUR?

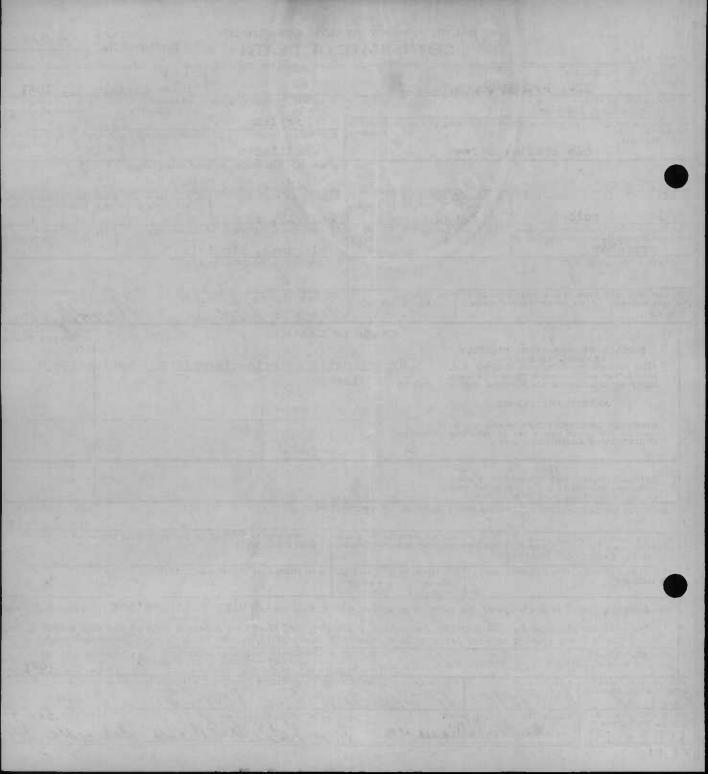
(State)

23c. DATE SIGNED

Feb. 1.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER .... XO

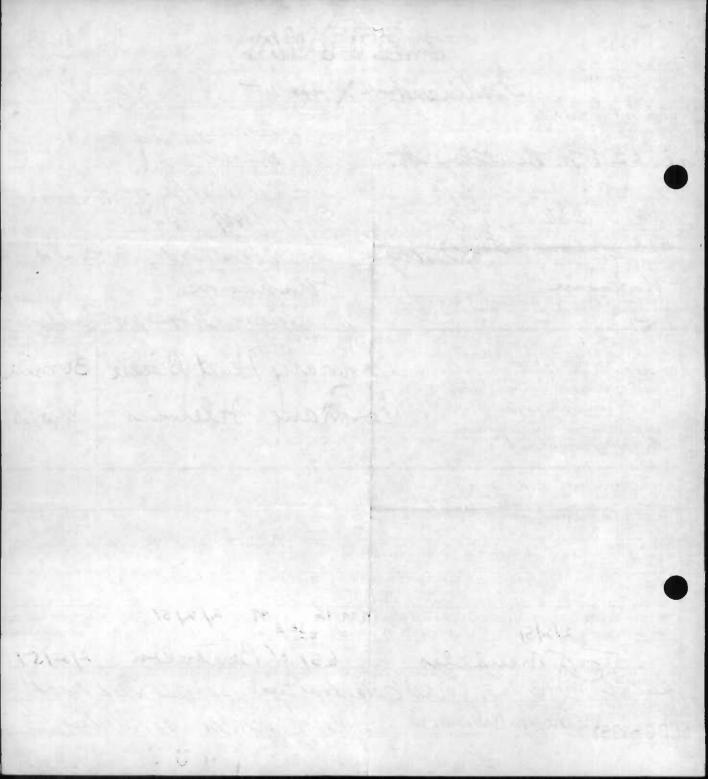


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## Rebbert BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1.038 51. Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Tendinand M.	. Betalet   2. DATE 0F 0F DEATH 2/2/5/2
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased Ned. M institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
1 Bentalow St.	3 return ore township)
Yrs.	D. STREET ADDRESS (If yural, give location)
c. Length of stay in Baltimore Life Mos.	
5. SEX 6. COLOR BRIRACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify, Wildowsky).	8. DATE OF BIRTH, 9. AGE (in years If Under 1 Year Industry) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	& allework, Med. USA
M. Langua	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	77. INFORMANT ADDRESS ,
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs Selew Troves 627 M. Butalow St.
18. 420.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	11 110
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase,	on any / Last Disease 30 min
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	mary Icleroses Kars
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	V
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g.,	in or   21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	INJUNI OCCUNI
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from Ma	15, 1941, to 3/2/5/, 19, that I last saw the
deceased alive on 2/5/, 19 and that death occu	rred at 35 A.m., from the causes and on the date stated above.
To Mendelis M.D.	65/ N. Deutalon 2/2/51
244 BURIAL, CRIMA- 248. DATE " 246 MAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAN'S SIGNATURE	125 AUNERAL DIRECTOR / ADDRESS
EED 2 - 1054 with for Miliams,	All Downston an Halling 14
VS 150	ent assurion do some of
10 100	1 37 94a
e-in	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Hamilton Eduard OF DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Marylan HOSPITAL OR C. CITY, OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore

WIDOWED, DIVORCED (Specify)

16. SOCIAL

10B. KIND OF BUSINESS OR

Widowed

7. SINGLE, MARRIED.

PA.

Days'

INDUSTRY

TATE

SECURITY NO

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside corporate limits, write RURAL and give township! 3410 400 Lallowan 9. AGE in years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? CAUSE OF DEATH ONSET AND DEATH ermina about 1 week cinoma of recto signoid (If in Baltimore City, give exact location)

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO esico rectal fistular ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICAL 21B. PLACE OF INJURY (e. g., in or | 21A. ACCIDENT WAS UNDER 21c. WHERE DID about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 195/to 2 - 2, 195/that I last saw the 2 m., from the causes and on the datc stated above. 22. I hereby certify that I attended the deceased from deceased alive on 2 - 1. 19 51, and that death occurred at

24c. NAME of CEMETERY OR CREMATORY

25. FUNERAL DIRECT

VS 150

LOCAL REGISTRAR

BUVIA DATE RECEIVED BY

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

5. SEX

6. COLOR OR RACE

EdWAId

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

IOA. USUAL OCCUPATION (Give kind of

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

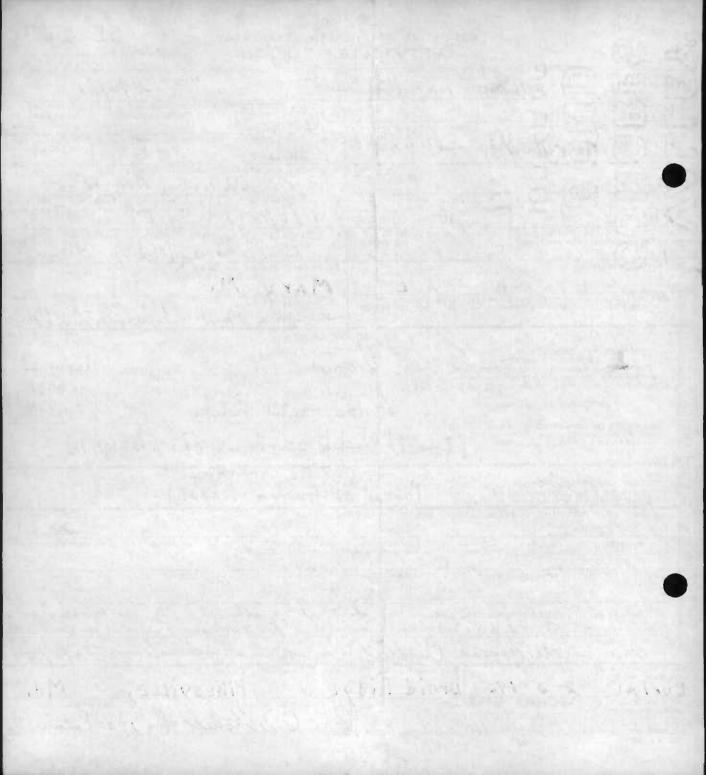
work done during most of working life, even if retired)

Broker

13. FATHER'S NAME JOSEPH

(Yes, no or unknown)

18.



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BIRTH	N	0.	
1 NIAA	A.E.	OF	DECE

### BALTIMORE CITY HEALTH DEPARTMENT

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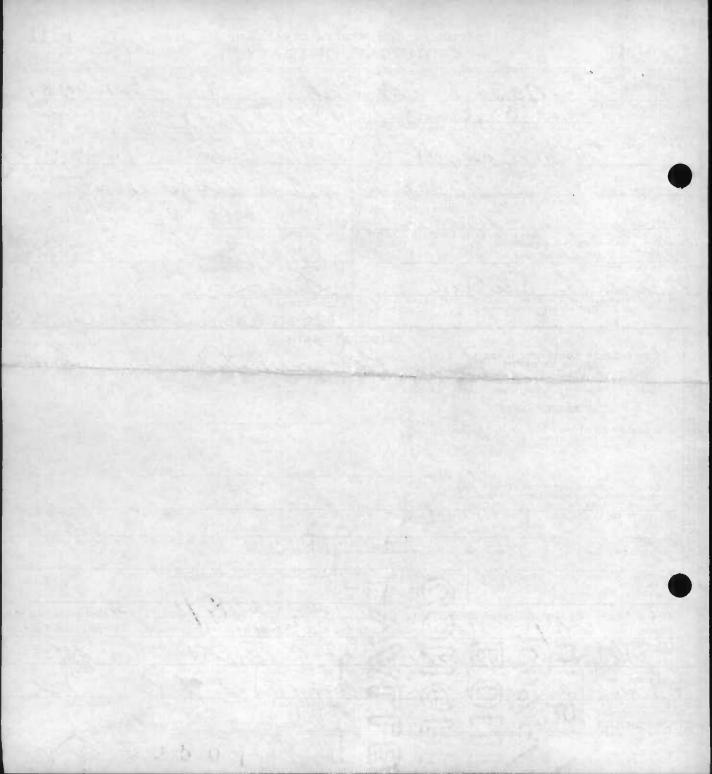
1-		13-3-7		CERTIFICAT	E OF DEATI	H R	egistered No.	
	RTH NO.						_	
	ype or Pri	nt) JU	can 1	MACLACHLAN	Brown	N DEA	Fehl	11951
A.	Baltimor	F DEATH: ce City, Marylan	d		4. USUAL RESIDE		eased lived. If inst	titution: residence before admission)
HO	FULL NA	OP.	hospital or insti	tution, give street address or location)		(70		** ******
IN	STITUTIO	910 N.	Colve	LCL	BAL+111	Or &	rporate limits, w	rite RUBAL and give township)
(	ength o	of stay in Baltim	ore Z	Yrs. Mos. Days	910 M	CALVE	1 01	,
5. N	SEX 1dle	6. COLOR OR I	RACE 7. SING	GLE, MARRIED, OWED, DIVORCED (Specify)	3 - 21-18		(in years   H Under   Months	n 1 Year   H Under 24 Hours s Days Hours Min.
10	A. USUAL	OCCUPATION (Give	kind of 10B. KI	ND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign cou	ntry)   12	. CITIZEN OF
ork	done during r	nost of working life, even if	retired) The	INDUSTRY	BALLIN	0	MI	WHAT COUNTRY
	FATHER			UMENTS COPP.	14. MOTHER'S MA	DEN NAME	10,1	
,	, Λ	A	0	BUTENTINE (M)	1	O NAME	. ,	
10	hM/	IACIACHIA	N 13 ro	MM	AGNES	CUNI	IINGTA	M
Ye	. WAS DEC	EASED EVER IN U.S.	or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	V	ADD	RESS
					Mrs.GLAdy	S 1. Brown	IN 910N	. CALVIERT SI
	18. /	1 2n /		CAUSE	OF DEATH		THE STREET	INTERVAL BETWEEN
П	DIS	SEASE OR CONDI	TION DIRECTI	LY C-	- 1 - 1 - 1	Dia sac		ONSET AND DEATH
		LEADING TO does not mean the	DEATH	COL	onary.	117 603	C	
	heart:	failure, asthenia, etc.	It means the dis	ease,	•••••••••	8800 0000 0000 000 000 000 000 000 000		
П	111,417			aux, 502 10				
		ANTECEDENT	CAUSES					
Z	DISEA	ASES OR CONDITIO	ONS, IF ANY, GI	VING (B)		***************************************	••••••	
2	RISE 1	TO THE ABOVE CAUS	E (A) STATING	THE DUE TO				De la Constantina
<				(C)		*******************************	***************************************	,
4		11						
		R SIGNIFICANT						
T I		TING TO THE DEATH E DISEASE OR CON			••••••••••••	······		
Ü	19a. DAT	E OF OPERATION	19B. MAJ	OR FINDINGS OF OPER	ATION			20. AUTOPSY?
ᆁ								YES NO
מכו	UNDERL	ERNAL CAUSE W YING [] OR CON ] CAUSE OF DI	TRIB. about hor	PLACE OF INJURY (e. g., i ne, farm, factory, street, office hldg.,	n or 21c. WHERE D.	ID (If in Balt	imore City, give	exact location)
Σ		E (Month) (Day)		21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUP	?	
	F INJU	RY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WHILE AT   NOT WHILE				
N			m.	WORK AT WORK		USDO. C.	tion.	
	22. I ce	ertify that I took	eharge of the	he remains described o	ibove, nela an	utopsy, Inspection		hereon and from
	the and	evidence obtained death in my op	ed by said Ar	utopsy, Inspection or I d from: natural causes	Inquiry, find that	said deceased	died on the d	lay stated above etermined $\square$ .
	2345	HA HA	ann	ner 12.	ASSISTANT ME	DICAL EXAMINE DICAL EXAMINE STIGATOR	ER	ATE SIGNED
24	A. BURIA	L. CREMA- 248. D	ATE	24C. NAME OF CEMETE				county) (State)
TIC	N. REMOVA	L (Specify)	3-51			C 1 1	DI	1 1/1
0	OF A		TRAR'S SIGNA	LOUDON PAY	CEMPTERY DE	FYEd, A.	VP , BAL	DDRESS
	CAL REG	ISTRAR	TRAR'S SIGNA		110 -	-+ Ollow	1	EL PO

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH C 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: By COUNTY A. STATE before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RURA), and give INSTITUTION township) more ADDRESS (If rural, give location) Yrs. D. STREET Mos. c. Length of stay in Baltimore Days 9. AGE (In years I Under I Year I Under 24 Hours Min. 6. COLOR DR RACE 7. SINGLE, MARRIED BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if etired) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY ouse wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN evanuer. 81 PPDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give was or dates of service) 16, SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 000 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) FINJURY NOT WHILE WHILE AT WORK AT WORK 19 that I last saw the 22. I hereby certify that Hattended the deceased from\_ 19.37 and that death occurred at 3.30 km. from the causes and on the date stated above. deceased alive on\_\_ 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR 240. 3-1951 Miria DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR in //Wilduld, Ald

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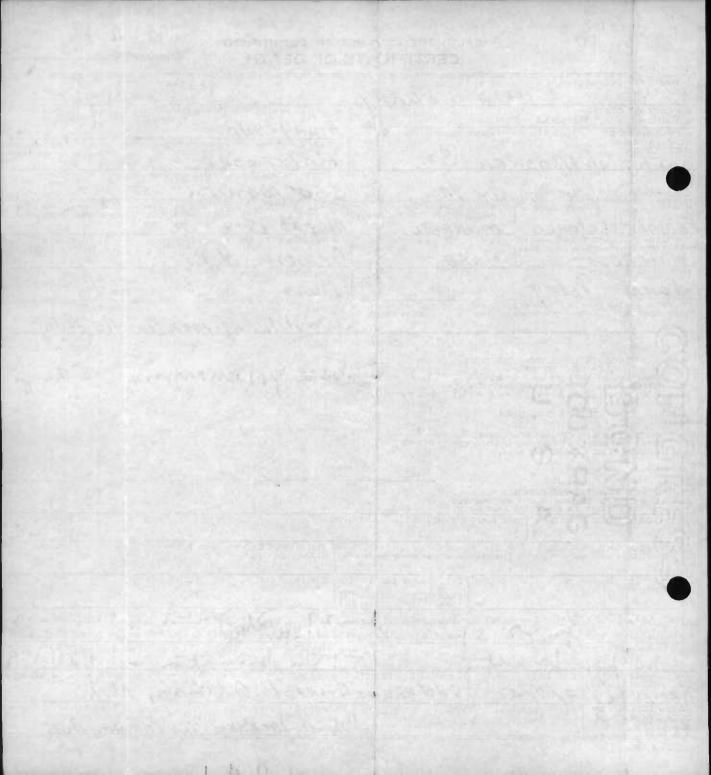


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### BALTIMORE CITY HEALTH DEPARTMENT

51 1042

Registered No .\_\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF LUBA DEATH / - 29-57 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) MOSHER 560 TIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore MOSHER Days 6. COLOR OR RACE 9. AGE (In years If Under I Year It Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) 1914 CO/OREO MARRIED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTR INDUSTRY WAITRESS GRAHAM MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOHN LORA 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198 MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE WHILE AT WORK , 19 that I last saw the 22. I hereby certify that I attended the deceased from . K.m., from the causes and on the date stated above. deceased alive on 19 and that death occurred at 23A. SIGNATURE 23B. ADDRESS 23CADATE SIGNED 24A. BURIAL, GREMA-ON REMOVAL (Specify) CHILDRENS ( EMOUA/ DATE RECEIVED BY REGISTRAR'S/SIGNATURE ACKSON-916 YENNA. VS 150



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE FOWLER SR. February 2, 1951. WILLTAM DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland 2925 Hudson St. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Life Mag c. Length of stay in Baltimore 2925 Hudson St. Dava 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months: Days Hours: Min. Mala White January 27,1880 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Sparrows Pt. Police Baltimore. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SHIPTARD Henry E. Fowler Susan A. Mowbray 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO Spanish-American Yes None Sophia E. Fowler 2925 Hudson St. INTERVAL BETWEEN 18. 420. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY rderyschoote C. V. Derene LEADING TO DEATH
(This does not mean the mode of dying, e. g., 2-15-49 heart failure, asthenia, etc. It means the disesse, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO hyperdel Filesi UNDERLYING CONDITION LAST. 1-23-51 (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20 AUTOPSY DICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT THE AT WORK -15 1949 to 2 - 2 , 195 (, that I last saw the 22. I hereby certify that I attended the deceased from 2 deceased alive on 2 - 2 195/, and that death occurred at 12:10 A. Moom the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 2-5-51 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240 NAME OF CEMETERY OF CREMATORY 24B. DATE 240. LOCATION (City, town, or county) Mt. Carmel Cemetery Burial Feb. 5720 O'Donnell St. REGISTRAF'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS 901 S. Conkling St. -with afor / / Misself 400

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Tel. (1811) M. Strad Courtery . . . STR Office of Land.

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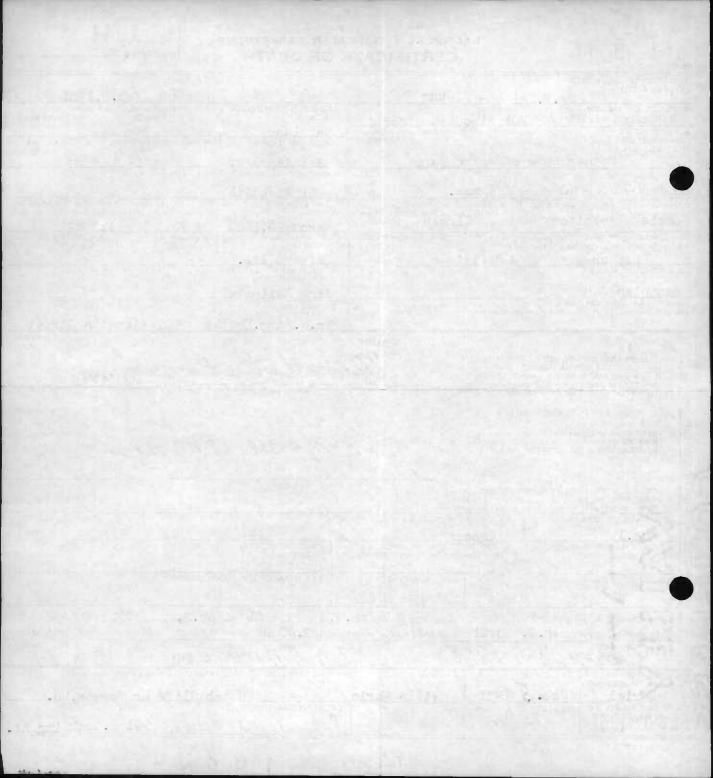
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1044

Registered No.

BIRTH NO.	The state of the s	
1. NAME OF DECEASED (Type or Print) Sr. M. Phi	lippis Jung	2. DATE OF DEATH Feb. 2.1951
A. Baltimore City, Maryland 90	1 Aisquith Street	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	al or institution, give street address or location)	Maryland  c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Motherhouse o		Baltimore 2. /0-02
	Yrs. Mos.	O. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	9 mos. Days	901 Aisquith
5. SEX 6. COLOR OR RACE	<ol> <li>SINGLE, MARRIED, WIDQWED, DIVORCED (Specify)</li> </ol>	B. DATE OF BIRTH  9. AGE (In years     Under 1 Year     Under 24 Hours   last birthday)   Months; Days   Hours   Min.
Female White	Single	March 24,1880 70 11 22
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Teacher	Religious	_Chicago Ill.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Matthias Jung		Anna Reitenwald
15. WAS DECEASED EVER IN U. S. ARMED		17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or date	s of service) SECURITY NO.	Sr.M.Stan.Kostka 901 Aisquith Street
DISÉASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of the condition of the	oue to  f Any, Giving Stating the Stating	cinoma Otone
19A. DATE OF OPERATION 0 1	98. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
Aug.1	Cancer	YES NO
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
FINJURY (Month) (Day) (Year)	WHILE AT NOT WHILE	
00 7 7 7		9 1051 . W-1 0 1051
		.8, , 19.51, to Feb. 2, , 1951, that I last saw the
23A. SIGNAPORE		rred at 2.40 Pm., from the causes and on the date stated above.
granus 1	Mirly M. D.	110 & Mork are 2/3 51
24A. BURIAL. CREMA- 24B DATE	4c. NAME OF CEMETE	RY OR CREMATORY   240. LOCATION (City, town, or county) (State)
Burial Feb. 5	1951 Villa Maria	Notah Clies um Marray 163
DATE RECEIVED BY   REGISTRAR'	S/SIGNATURE	Notch Cliff nr Towson Md.  25. FUNERAL DIRECTOR  ADDRESS
PTTE M RECIERDED	Low Milliams, My	la harles V. Seiler, 901 S. Conkling St.
	( #	ADAMAN M. FULLY 1901 S. CONKIING ST.
VS 150	09384	10013 490



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) MATTHEW BROWN DEATH February 2, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore ans Davs 1006 E. Monument Street 5. SEX 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) male colored 10A. USUAL OCCUPATION (Give kind of 10a. KIND OF BUSINESS OR work done during proct of well still feet or in the control of th 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? LAURA 13. FATHER'S NAME 14. MOTHER)S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Hypertensive cardiovascular disease with heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) uremia DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, 1F ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ...... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY CAL YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT AT WORK WORK

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \mathbb{B} \), accident \( \mathbb{I} \), suicide \( \mathbb{I} \), homicide \( \mathbb{I} \), undetermined \( \mathbb{I} \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 24D COCATION (City, town, or county)

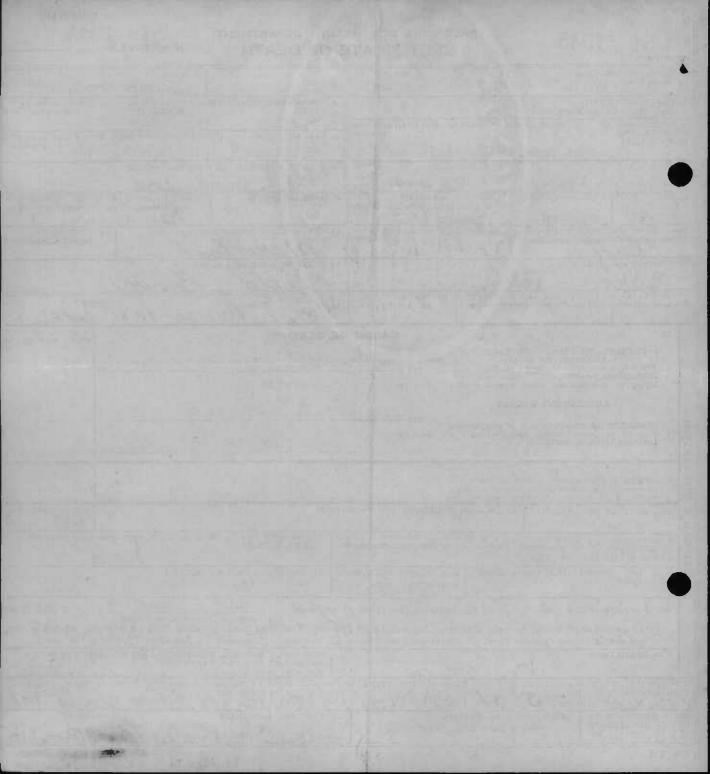
24A BURIAL, CREMA-TION REMOVAL (Sporty) W DATE RECEIVED BY REGISTRAR'S'SIGNATURE 25. FUNERAL DIRECTOR ADDRESS FFB3-1951 water your 1901 gold 151

LEONARDTOWN, ME

24c. NAME OF CEMETERY OR CREMATORY

V S

248. DATE

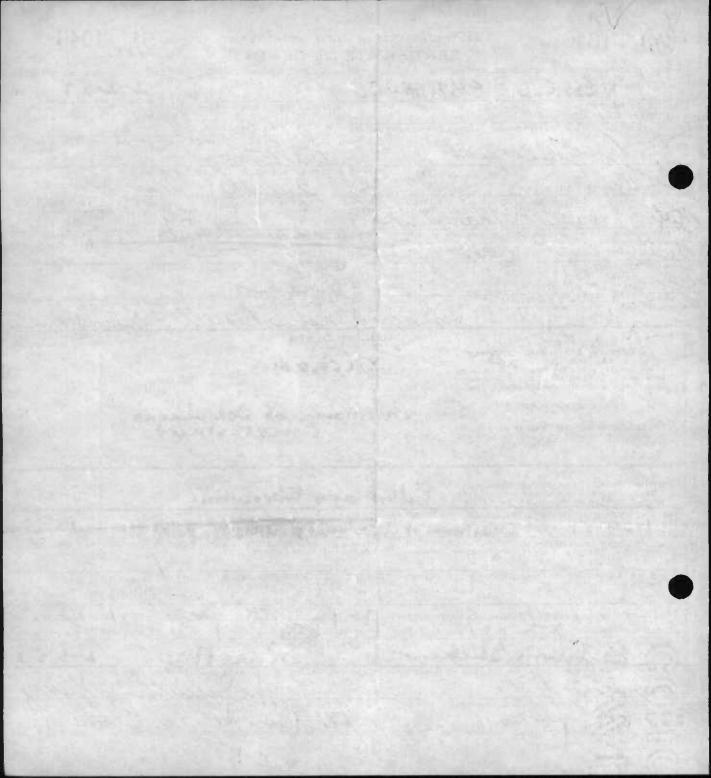


N-240 51 1046

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X 51 1046 Registered No.

BIRTH NO.	1.0	CER	RTIFICAT	E OF DEATH	Registered	No.
1. NAME OF E (Type or Print)	NESS GLL	EMM	ANUEL		2. DATE OF DEATH	2-51
A. Baltimore	City, Maryland			4. USUAL RESIDENCE	Where deceased lived, I	f institution: residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institution, giv	ve street address or location)		f outside corporate lim	its, write RURAL and give
11/2	He	rar		Outhing		township)
on oth of a	stay in Baltimore		30 Yrs.	D. STREET ADDRESS (L	rural, give location)	1
5 SEX	6. COLOR OR RACE	7. SINGLE. MAR		8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
Mole	Wate	nave	IVORCED (Specify)		6 9	Ionths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, eveo if retired)	108. KIND OF B	INDUSTRY	11. BIRTUPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S	VANE	090		14. MOTHER'S MAIDEN N	IAME	
lon				Surah		
(Yen, oo or uokoowo)	ED EVER IN U.S. ARMEI (If yes, give war or date	of service)	SOCIAL SECURITY NO. -07-7012	Melia Mes	sell - si	Suttle Mines
(This does heart failt	SE OR CONDITION LEADING TO DEAT out mean the mode of the, asthenia, etc. It mean complication which of	TH f dying, e.g., ns the disease,		iche xia		INTERVAL BETWEEN ONSET AND DEATH
RISE TO T	ANTECEDENT CAUSES OR CONDITIONS, II	F ANY, GIVING STATING THE	(B) CAVES	noma of Og	sophagus stases.	
TRIBUTING	BIGNIFICANT CONDI TO THE DEATH, BUT USEASE OR CONDITION	NOT RELATED	Pulmon	ary tobercul	0315	
19A. DATE O	DENT WAS UNDER-	ON MAJOR FINE	FINJURY (e. g., tory, street, office hidg.,	n or   21c. WHERE DID	(If in Baltimore City,	20. AUTOPSY? YES NO give exact location)
INJURY	(Month) (Day) (Year)	(Hour) 21E. II WHILE A M. WORK		THE REPORT OF THE PARTY OF THE	Y OCCUR?	
22. I hereb	y certify that I att	ended the decea	sed from	- 16, 1951, to rred at 600 m., from		Sthat I last saw the
23A. SIGNA	39min	Sheh		O- ADDDEGG-	Hosp	23c. DATE SIGNED 2-3-5 1
TION REMOVAL (S		24c. N	IAME OF CEMETE	RY OR CREMATORY 24D	CATION City, toy	n, or county) (State)
DATE RECEIVE	RAR .	S SIGNATURE	1 100	ACK News &	x 2100 6	Extend (R
VS 150			1/9	OGCO AB		46a
		\$ 64 P	1 00			



BIRTH NO.	A C ATT	ALTIMORE CITY HI CERTIFICAT	EALTH DEPARTM E OF DEATH	ENT 5	1047 No.
1. NAME OF DECEA (Type or Print)  3. PLACE OF DEATH	12 er	adjul		2. DATE OF DEATH  CE (Where deceased lived, 1)	L. 3, 196
A. Baltimore City,  B. FULL NAME OF HOSPITAL OR INSTITUTION		ution, give street address or location)	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
Cength of stay in	n Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	S (If rural, give location)	23-03
terrale /	OLOR OR RACE 7. SING	LE, MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH 3 - 21 -	17 last birthday) A	If Under 1 Year Munder 24 Hours Min
10A. USUAL OCCUPA work done during most of worki	TION (Give kind of 10B. KIN ng life, eveo if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ry land	12. CITIZEN OF WHAT COUNTRY
15. WAS DECEASED EVE (Yes, oo or uoknowo) (If	ER IN U. S. ARMED FORCES? Yes, give war or daylor of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	2 Steams	ADDRESS
18. 0.4.3			10	INS MOPLIES ROOFILE	INTERVAL BETWEE
DISEASE OF LEA (This does not r heart failure, ast	CONDITION DIRECTLEDING TO DEATH mean the mode of dying, e henia, etc. It means the dise lication which caused dea	B. (A) Atele	etosis oul	) premonia	2 days
DISEASES OR OR RISE TO THE AB	CEDENT CAUSES  CONDITIONS, IF ANY, GIV  OVE CAUSE (A) STATING  CONDITION LAST.	(B) Pulmo	muy tube	eraulosis	2 yrs.
OTHER SIGNIF	II FICANT CONDITIONS COME THE DEATH, BUT NOT RELATE OR CONDITION CAUSING	TED			
18A. DATE OF OP	RATION 198 MAJO	R FINDINGS OF OPER	RATION	losis	20. AUTOPSY?
21A. ACCIDENT LYING OR CON CAUSE OF DEAT	TRIBUTING   about hom	LACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	o or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	
2 ID. TIME (Month	n) (Day) (Year) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		NJURY OCCUR?	
deceased alive o	tify that I attended th	and that death occur	red at 2 30 m., f	to $2 - 3 - 19$ rom the causes and on	5; that I last saw the the date stated above
SA. SIGNATURE	DV. Kut	4. LI. M. D.		HOPKINS HOSPITAL	23c. DATE SIGNED
24A. BURAL, CREMA TION REMOVAL (Specify	16/51	24C. NAME OF CEMETE	Lower	24D. LOCATION (City, tow Bulto,	md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNAT	TORE	25. FUNERAL DIREC	TOR 1217 B. J.	ADDRESS
FEBVE TS 5331			HIGH VI		133

A Marie The Contract of the Co A Park Margalant sur and second and the second of the second o CAN ALE

P-654 BALTIMORE CITY HEALTH DEPARTMENT	Registered No.	1048
BIRTH NO. 1048 CERTIFICATE OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print) Charles 9. Parnell	2. DATE OF DEATH	/5-1
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE	ere deceased lived. If ins	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	utside corporate limits, w	rite RURAL and give
INSTITUTION 306 E. North A-c Balto.	Mef 12.	township)
Yrs. D. STREET ADDRESS (If ru	wal, give location)  North Acc	
	9. AGE (In years lit Und last birthday) Month	er I Year If Under 24 Hours is Days Hours Min.
10A. USUAL OCCUPATION (Givekind of Mork done duffing work done duffing work of working life, even if retired)  Business Practice  Business Practice  Balto	eign country)   12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	ME	
Churles I Purayell Mancelens	Roby	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, oo or uoknown) (If yee, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO.	nell 366 4	Mark Ur
18. L/77/ CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	. U dinese	
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
<u>o</u> (c)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194 DATE OF OPERATION   198 MAJOR FINDINGS OF OPERATION		
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
214 EXTERNAL CAUSE WAS   218. PLACE OF INJURY (e.g., io or   21c. WHERE DID (If	in Baltimore City, give	YES NO Perset location
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?		,
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF INJURY OR AT WORK AT WORK	OCCUR?	
22. I certify that I took charge of the remains described above, held an		thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said dec and death in my opinion resulted from: natural causes , accident , suicide [	eased died on the $\Box$ , homicide $\Box$ , und	day stated above, etermined □.
23A. SIGNATURE  ASSISTANT MEDICAL EXAMPLE M.D. MEDICAL INVESTIGATO	XAMINER	DATE SIGNED
	Bulto	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	A 2	DDRESS

V S 151

5-261

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1049

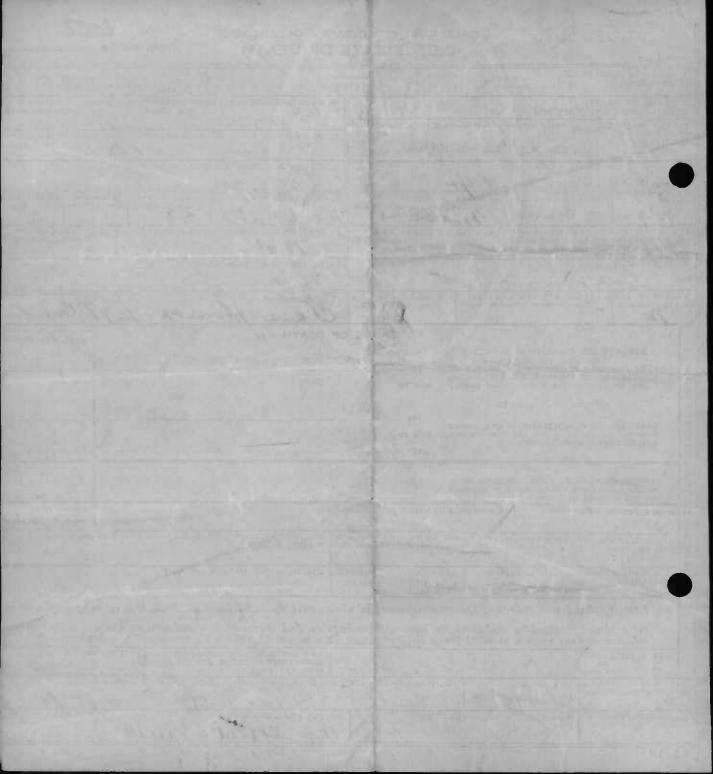
BIRTH NO		040	1	CERTIFICAT	E OF DEAT	T	100
	OF DECEA	sed Carol	ine H.	Schreiber		2. DATE OF DEATH	'eb. 2, 1951
	NAME OF	Maryland		on, give street address o location	A. STATE Marvland	B. COUN	ved. If institution: residence ITY before admission) to limits, write RUKAL and give township)
C Lengt	h of stav i	n Baltimore		Yrs. Mos. Days	D. STREET ADDRE	ss (If rural, give locat Avenue	ion)
5. SEX femal	6. C	olor or RACE	7. SINGLE WIDOW WIDO	MARRIED, ED, DIVORCED (Specify		9. AGE (in ye	ars     Under I Year   II Under 24 Hours   Months Days   Hours Min.
10A. USU.	ing most of work	ATION (Give kind of ing life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTR		State or foreign country) D. C.	12. CITIZEN OF WHAT COUNTRY?
I3. FATH	ER'S NAME	Sonneborr	ne		14. MOTHER'S MA	IDEN NAME	
15. WAS D	ECEASED EV	ER IN U.S. ARME 'yes, give war or date	D FORCES? as of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Joseph P.	Schreiber, 224	ADDRESS 49 Cecil Avenue
(TH hea in july 10 N O I I I I I I I I I I I I I I I I I I	LEA his does not urt failure, as ury or com ANT SEASES OR E TO THE A IDERLYING	I R CONDITION ADING TO DEA Mean the mode othenia, etc. It men plication which ECEDENT CAU  CONDITIONS, BOVE CAUSE (A) CONDITION L  II  IFICANT CONDITION THE DEATH, BUT SE OR CONDITION BUT DEATH, BUT SE OR CONDITION	TH  of dying, e. g  ans the discas- caused death  SES  IF ANY, GIVIN  STATING TH  AST.  ITIONS CON  NOT RELATE	DUE TO Uas	sclerofic	combosis Cardio sease	INTERVAL BETWEEN ONSET AND DEATH
19A. E				FINDINGS OF OPE	RATION		20. AUTOPSY?
Номі		pecify)	about home, f	ACE OF INJURY (e. g. arm, factory, street, office bldg	.,etc.) INJURY OCCU	IR?	City, give exact location)
1D. T	TIME (Mon	th) (Day) (Year		21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	INJURY OCCUR?	
deced	hereby ce used alive	a- Jel	tended the	deceased from 2 and that death occ	//		d on the date stated above.  23c. DATE SIGNED  3-74-51
	RIAL, CREM OVAL (Specif	A- 248. DATE y) 2/5/51			ery or CREMATORY rk Cemetery	Baltimore,	Maryland
	CEIVED BY	REGISTRAR	'S SIGNATU	PRE	Mm. Cook	a.	St. Paul Street
		4					A (

movement in him to a new part to be · 本人的方式的过去式和过去分词 THE NAME OF STREET

J-535050 BALTIMORE CITY HEALTH DEPARTMENT

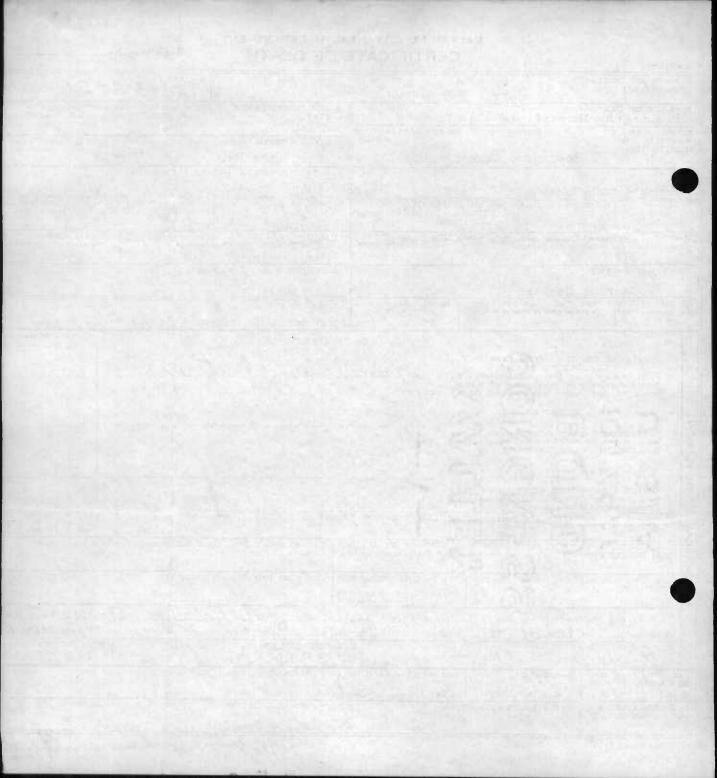
51 1050

BIRTH NO. CERTIFICATE OF DEATH	Registered No.					
1. NAME OF DECEASED (Type or Print) REID JOHNSON	2. DATE OF Jan. 30, 1951					
A. Baltimore City, Maryland	re deceased lived. If institution: residence B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution, give street address or location)  Johns Hopkins Hospital  Baltimore	tside corporate limits, write RURAL and give					
Length of stay in Baltimore 2 7 Dentro						
	AGE (In years last birthday)  Months Days Hours Min.					
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreity in the life of	ign country)   12. CITIZEN OF WHAT COUNTRY					
13. FATHER'S NAME	E					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS Children					
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
Y 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH.	n Baltimore City, give exact location)					
F INJURY    Proceedings   Proceedings   Procedings   Proc						
22. I certify that I took charge of the remains described above, held an Inspection & Ing. thereon and from Autopsy, Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes is, accident , suicide , homicide , undetermined .						
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	ASSISTANT MEDICAL EXAMINER					
DATE RECEIVED BY REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR  11.29 Y. 6	Eller Langue					



51. 1051

4	5	1. 1.31			EALTH DEPARTMENT	Registered	No.	
BI	RTH NO.	A. L. J.L.		CERTIFICAT	E OF DEATH	2119.50111	1.0	
	NAME OF D ype or Print)		arrie E	Domschke		DEATH	-1-51	
A.		EATH: City, Maryland	Baltin	ore City	4. USUAL RESIDENCE () A. STATE Maryland	Where deceased lived. B. COUNTY		residence e admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corporate lin	nits, write RUR	
1	STITUTION	Beechwoo	d Nursi	ng Home	Baltimore Md.	9	-06	township)
			THE !	° Yrs. Mos.	D. STREET ADDRESS (If			
_		tay in Baltimore	50 yea	rs Days	1242 E North		M Haday 9 Van	If Under 24 Hours
	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify)			Months Days	
	male A USUAL OC	White CUPATION (Give kind of	Marrie	of Business or	Sept 4, 1885	65 (foreign country)	12. CITIZE	N OF
worl	done during most	of working life, even if retired)	TOB. KINL	INDUSTRY		oreign country)		COUNTRY
	OUSE WIT				Pennsylvania 14. MOTHER'S MAIDEN N	IAME		
	Cha	rles Deckard			mile debeld			
15	. WAS DECEASE	ED EVER IN U, S. ARMEI	FORCES?	16. SOCIAL	Ella Sebold		ADDRESS	
(Ye	**	(If yes, give war or date	of service)	SECURITY NO.	John Domschke (H	usband)1242	E North	Ave
	18. / 7	11.4		CAUSE	OF DEATH		INTERVA	AL BETWEEN
	1/	5E OR CONDITION	DIRECTLY			4	ONSET	AND DEATH
	(This does	LEADING TO DEA	of dying, e.	E., (A) Lance	ie our of u	terus)		***************************************
		re, asthenia, etc. It mea complication which						
		ANTECEDENT CAU	SES		V-			
Z	DISFASE	S OR CONDITIONS,	F ANY GIVII	(B)				
ERTIFICATION	RISE TO T	THE ABOVE CAUSE (A)	STATING T					
10								
E	- 3.01	11		(C)				
	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED				
U		OF OPERATION		FINDINGS OF OPER	RATION '		20. AI	UTOPSY?
Y.							YES	NO
EDICAL		ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore City	, give exact lo	cation)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	INJUNT		m.	WHILE AT NOT WHILE				
	22. I hereb	y certify that I at	tended the	deceased from Ja	u 1949 to 1	Feb 1 , 19	57, that I la	st saw th
	deceased alive on fact 3/, 195/, and that death Courred at 1/2.m., from the causes and on the date stated above.							
	23A. 878NA	TURE U	00-		23B. ADDRESS	. 1.0	23c. DAT	SIGNED
2.	4A. BURIAL	CREMA- 24B. DETE	con	M. D.   24c. NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (City, to	1/2	(State)
1	AA. BURIAL.	Specify) 2/5	151	Greenmous	4,	ltimore Md.		
D	urial ATE RECEIVE		S SIGNATI		25. FUNERAL DIRECTOR		ADDRESS	
L	OCAL REGIST	TRAR	x3/1	Mirane	J Melville Jenki	ns 2713 Kirk	< Ave	E AL
=	VS 150 m	051			Q. m.lin	lle Jinter	44	10



51 1052

	1100	a	ВА	CEDT		COE DEAT		Registere	d No	
В	IRTH NO.	3 302		CERT	FICATI	E OF DEAT	П		4 110,	
	NAME OF DECEAS		HILIP	T.	KIRVA	N		of Feb	ruaryl	, 1951
	PLACE OF DEATH: Baltimore City,					4. USUAL RESIDI	ENCE (WI	nere deceased lived		n : residence fore admission
В.	FULL NAME OF	(If not in hospi	tal or institu	tion, give str		Mary				
	OSPITAL OR ISTITUTION	Togonh	is Hosn	:+ol	location)	c. CITY OR TOWN		utside corporate li	mits, write R	URAL and give
11	50	. Joseph	daou a		70 1		imore		6-0	
					30 Yrs. Mos.	D. STREET ADDR				
5	ength of stay in	LOR OR RACE	1.7 SINGI	E. MARRIE	Days	JKL/   8. DATE OF BIRTH		ton Street		If Under 24 Hours
		hite	WIDOV	WED, DIVOR	CED (Specify)					s Hours Min.
10	A. USUAL OCCUPA			ried D OF BUSH	NESS OR	Nov. 3, 1				ZEN OF
WOI	k doneduring most of working	glife, even if retired	U.S. 0		INDUSTRY					AT COUNTRY
d	k done during most of working Cret Services Ars	enal	10.5.0	10 V U .		14. MOTHER'S MA	IDEN NA	ME	1	
	Philip T						alsh			
15 (Ye	. WAS DECEASED EVE	R IN U.S. ARME	D FORCES?	16. SOCI		17. INFORMANT			ADDRESS	
`	Yes W	.W. 1		216-28	1114TE	Mabel E.K	irwan	3217 Br	ighton	St.,
	18. 420.1	8-TO			CAUSE	OF DEATH				RVAL BETWEEN
	DISEASE OF	CONDITION		,			3.	7		
	(This does not r	nean the mode	of dying, e.	g., (A)	Arter	iosclerotic	cardic	vascular o	lisease	*****************
	heart failure, ast injury or comp				EM.					
	ANTE	CEDENT CAL	ISES		Coron	ary insuffic	iency			
Z	DISEASES OR									*********************
E	RISE TO THE AB									
CA				(C)	••••••••••			***************************************	************	***************************************
RTIFICATION	OTHER SIGNIF	II FICANT CONE	OITIONS CO	N-						
ERT	TRIBUTING TO T	HE DEATH, BUT	NOT RELAT	ED	Diabe	tes mellitus				************************
C	19A. DATE OF OP				S OF OPER	RATION				AUTOPSY?
7									YES	
EDICAL	21A. EXTERNAL COUNDERLYING [] UTING [] CAUSE	OR CONTRIB	_ about home		JURY (e. g., i treet, office bldg.,			in Baltimore Cit	y, give exact	location)
ME	210. TIME (Month	) (Day) (Year		WHILE AT	RY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
h	00 7 116 12	. 7 . 1 1	m.	WORK -	AT WORK	L	A1:	topsy	Ahaua	and from
	22. I certify the		,				Autonay, I	espection or Inqui	irv	on and from
	the evidence and death is	e obtained by n my opinion	y said Aut resulted	topsy, Insp from: nat	pection or i	Inquiry, find that $\square$ , accident $\square$ ,	said des	ceased died on □, homicide [	the day s, undeterm	tated above $iined \square$ .
	23A. SIGNATURE	1//1	1			238, CHIEF MI ASSISTANT M	EDICAL E	XAMINER	Feb. 1	SIGNED
2	4A. BURIAL CREMA	- 248. DATE	7	24C NAME		RY OR CREMATORY	24D, LO	CATION (City, to		
TI	ON REMOVAL (Specify)	2-5-19			a thedr			timore,		Md.
	ATE RECEIVED BY	REGISTRAR			a briggir	25. FUNERAL DIR		ormor o	ADDRES	
	OCAL REGISTRAR	1	A 181	1	120 3	G. Howard S		3207 W.	North	Ave.

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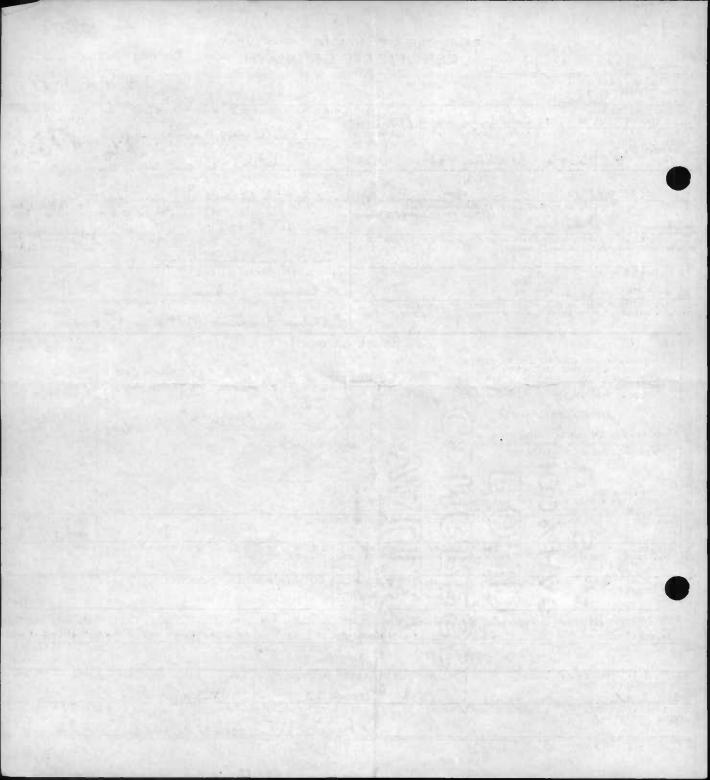
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125	
51 1053 BALTIMORE CITY HE	
BIRTH NO.	E OF BEATH
1. NAME OF DECEASED (Type or Print)	2. DATE Jelmann 3, 1951
A. Baltimore City, Maryland Week. Than ?	A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	
INSTITUTION JOINS HOPKIES HOSPITA	C. CITY OR TOWN (A outside corporate limits, write RURAL and give township)
Yrs. Mos. Chength of stay in Baltimore	o. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours
mule White, WIDOWED, DIVORCED (Specify)	3-2-07 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
Wenty montin	months andrews
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (Less, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ROSPITE
18. 1 60 X . CAUSE (	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	nome lest Ridney C @14
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	1 Cenomatoris
The control of the co	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CON-	
Ш TRIBUTING TO THE DEATH, BUT NOT RELATED	
. 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20, AUTOPSY?
7	YES NO
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about bome, farm, factory, afreet, office bidg., c	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m.   work L AT WORK L	2 2 4 5 2 - 3 5 1
deceased alive on 3 3, 1951, and that death occur	2-30 1950, to 2-3, 1951 that I last saw the
deceased alive on 3 , 1951, and that death occur	red at 8 4 m., from the causes and on the date stated above.  38. ADDRESS. 23C. PATE SIGNED
That maine M.D.	TOTAL POPKINS NOSPITAL 2/4/5
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
2/4/51 Conlestage	Mem. Lancaster la
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	Im. J. Tickner Idora Mola One,
LVS 150	
	520 520

Daniel Contract 

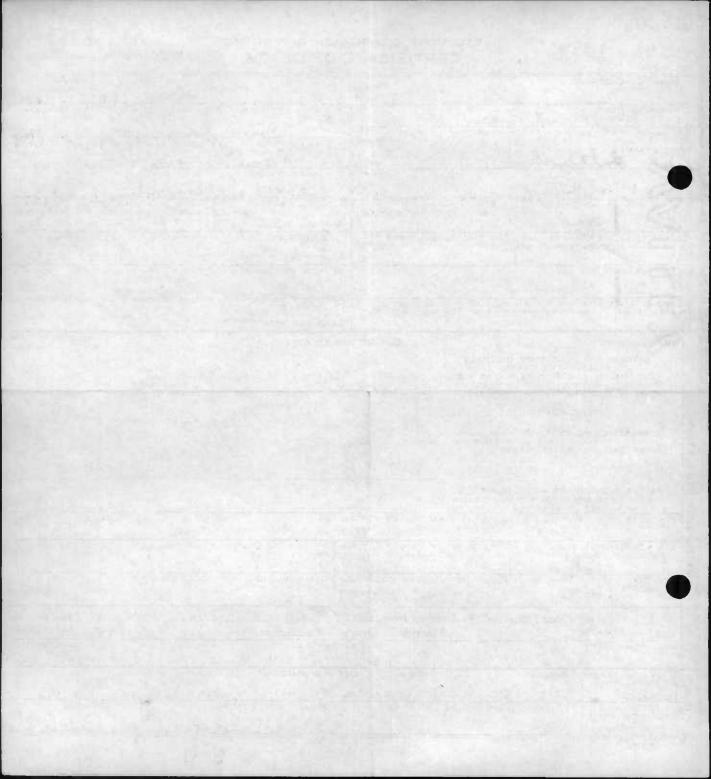
		per #	1000		TIMORE CITY I	HEALTH DEPART	MENT				
-		51.	1054		CERTIFICA"	TE OF DEAT	H	Registered 1	No		
	RTH NO.								C .		
(T	NAME OF E	A 0 6	ED .				2. D	ATE   MA	· hat	1167	
_		un	re-	Jacol	ro			ATH			
Α.	Baltimore	City, M			to other	4. USUAL RESIDE		eceased lived. If B. COUNTY		: residence ore admission)	
	FULL NAME OSPITAL OR	OF (	If not in hosp	oital or instituti	ion, give street address location		rylan	0	7-0		
	STITUTION	15	4-3	1 00		c. CITY OR TOWN	di chiside	corperatellini	, write-	RAL and give township)	
12 to valley at						03		ore			
Yrs. Mos.							D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Days											
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORGED (Specify)						8. DATE OF BIRTH	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours last birthday) Months: Days Hours Min.				
h	elec	W.	hute		and the state of t	" + 1 24 K	1881.		11	, , , , , , , , , , , , , , , , , , , ,	
10	A. USUAL OC	CUPAT	ON (Give kind	of 108. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign c	ountry)	12. CITIZ		
WOL	k done during most	of working	life, even if retire	ed)	INDUSTE	RIT			WHA	T COUNTRY?	
13. FATHER'S NAME						14. MOTHER'S MA	IDEN NAME				
11						14. MOTHER'S MAIDEN NAME					
Harry Jacobs						Close	Wesse	~~			
	. WAS DECEMS		IN U, S. ARM s, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	16.	A	DDRESS		
•		V			02001111110	Little Su	ation of	Fhe !	601		
	18. 4 7 7. / . CAUSE O					OF DEATH	- 0	4-11-11-11-11-11-11-11-11-11-11-11-11-11	INTER	VAL BETWEEN	
									ONSE	T AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH									Bui.	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								700		
	injury or complication which caused death.) DUE TO								0		
	ANTECEDENT CAUSES									Tu:	
Z	(B) MANO CULOUS									16	
HOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									0	
A			ONDITION								
FICA											
F			H		(C)						
ERTI		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED									
$\ddot{\circ}$	TO THE DISEASE OR CONDITION CAUSING IT.										
_	19A. DATE	OF OPE	RATION	19B, MAJOR	FINDINGS OF OP	ERATION			20.	AUTOPSY?	
EDICAL									YES	NO L	
ă	21A. ACCID HOMICIDE	ENT, SU (Spec	ICIDE,	2 1B. PLA	ACE OF INJURY (e. g farm, factory, street, office bld	, in or 21c. WHERE E		altimore City,	give exact	location)	
				7.							
Σ	ID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?										
	FINJURY				WHILE AT NOT WHI						
	m.   WORK   AT WORK										
	22. I hereby certify that I attended the deceased from for 20, 1957, to 726/-, 1951, that I last saw th										
	deceased alive on A. 261-, 1951, and that death occurred at 8459 m., from the causes and on the										
	23A. SIGNATURE & Gel Hall With 16 3 / E North and								7.eb 2-1951		
			0 00		м. р.						
71	4A. BURIAL, ON, REMQVAL (	Specify	24B. DATE		24c. NAME OF CEME	TERY OR CREMATORY	24D. LOCATIO	DN (City, town	, or county	) (State)	
6	Burial		Jel 5	1951	mh. Co	romel	03a	Duno	u		
	ATE RECEIVE		REGISTRA	R'S SIGNATU	JRE	25, FUNERAL DIE	RECTOR		ADDRES	SS	
L	OCAL REGIST	IRAR				101-11	1 0 0 0	10 4 "	~	000	

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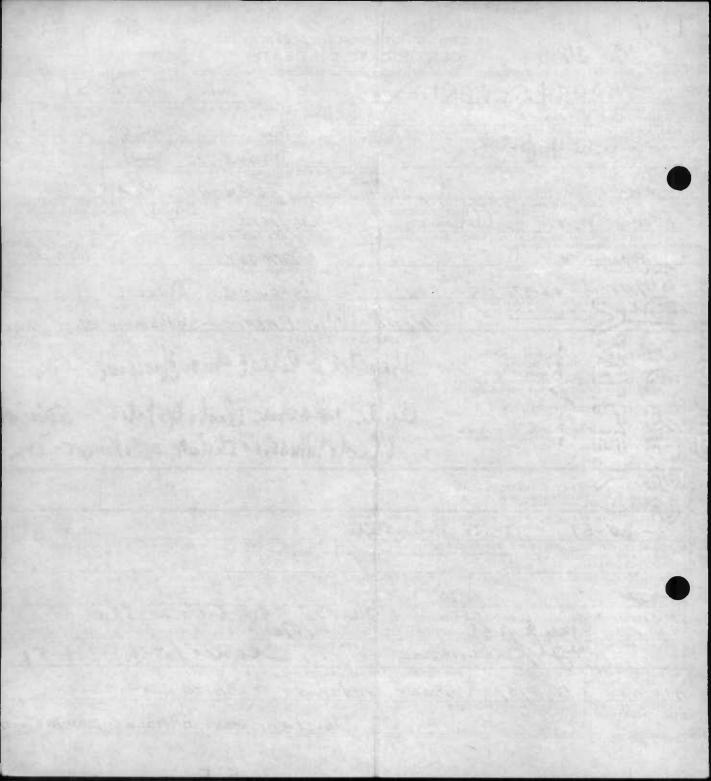
54 - 1655BALTIMORE CITY HEAL 1055 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 1250 Valley B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN outside corporate limits INSTITUTION tewnship Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 12-00 Days 9. AGE In years I Under Year Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHEN'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, ne er unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? ND. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from Nov 10-, 1950, to Febr 3- , 1951, that I last saw the deceased alive on heb 1-1951, and that death occurred at SA: m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 16318. North ave freo 3-1951 M. D. 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B, DATE 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Bureal Feb- 6.1951 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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VS 150

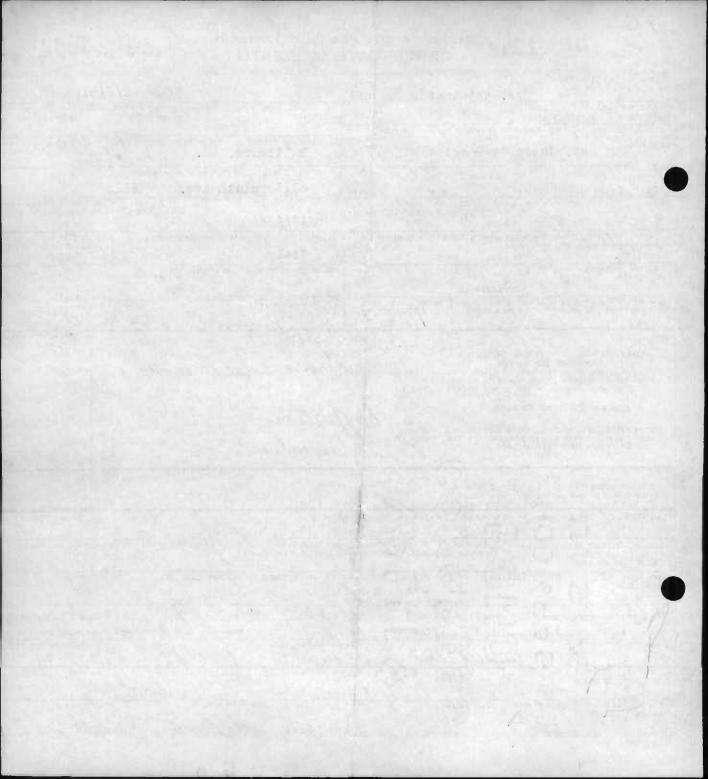


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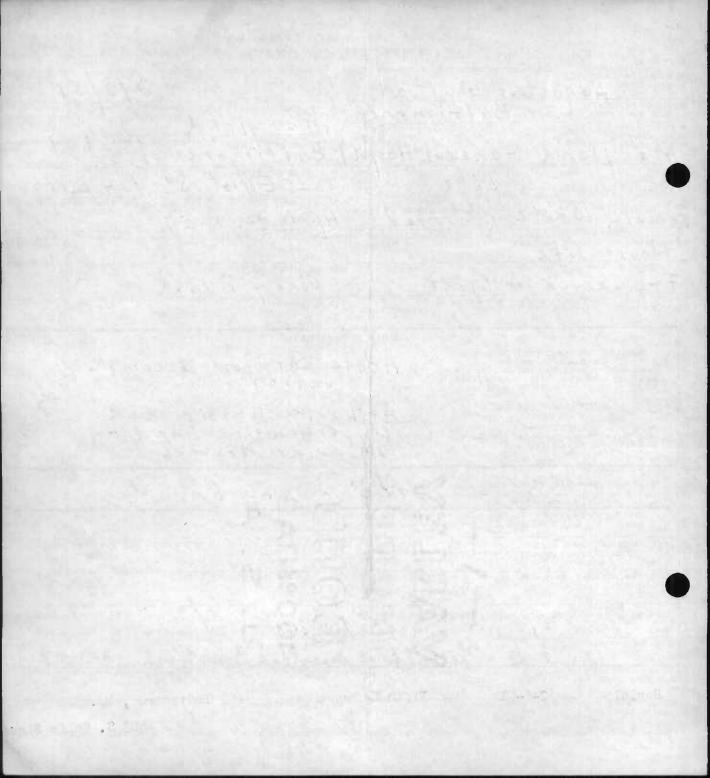
#### BALTIMORE CITY HEALTH DEPARTMENT

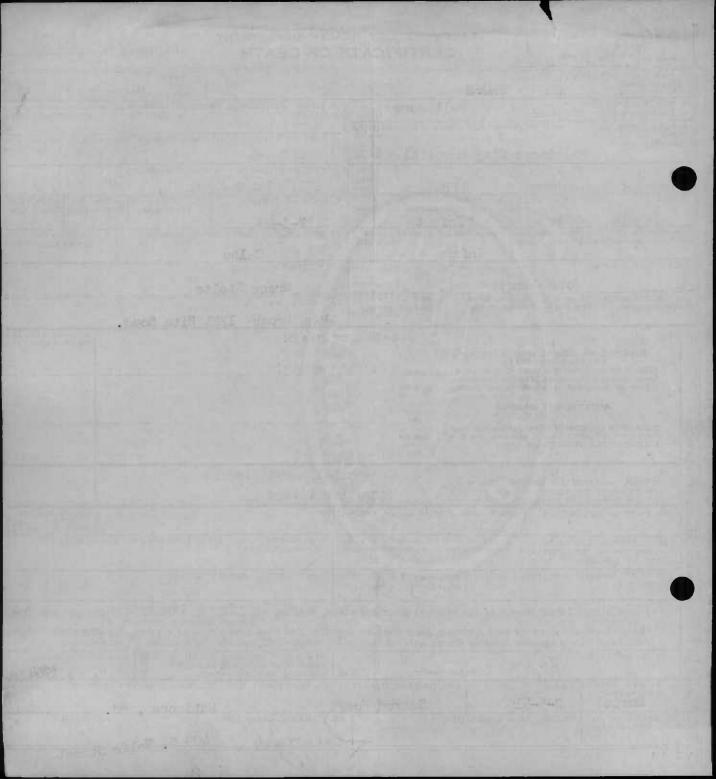
Registered No. 1057

В	IRTH NO.			CERTIF	ICATE	OF DEATH	1 Register	eu 110.
1.	NAME OF D	ECEASED					2. DATE	
			s. Anto	inette Pa	squal		OF DEATH	2/2/51
	PLACE OF D	City, Maryland				4. USUAL RESIDE	NCE (Where deceased live	d. If institution : residence
Β.	FULL NAME		pital or instit	tution, give street	address or	A. STATE	B. COUNT	Y before admission
	OSPITAL OR				location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and giv
	11.1	St. Josep	h's Hos	spital		Baltimor	e, Md.	Cownship
	1600				Yrs.	D. STREET ADDRES	SS (If rural, give location	n)
5	Length of s	tay in Baltimore		42	Mes.	6713 Dul	uth Ave. #	22
5.	SEX	6. COLOR DR RAC		LE. MARRIED.		8. DATE OF BIRTH	9. AGE (In year	s If Under 1 Year   If Under 24 House
	F	W	MIDC	OWED, DIVORCE 1	D (Specify)	6/13/1881	last birthday)	Months Days Hours Min
10	A. USUAL OC	CUPATION (Give kine	lof 10B. KII	ND OF BUSINES	SS OR		ate or foreign country)	12. CITIZEN OF
Worl	Hwfe.	of working life, even if retir	ed)	- IN	IDUSTRY	Italy		WHAT COUNTRY
13	FATHER'S	NAME	1			14. MOTHER'S MAI	DEN NAME	V. 8 77.
		?	Cum				1/.1.	
15	. WAS DECEAS	ED EVER IN U. S. ARI		I 16. SOCIAL			VAL	
(Ye	s, no or noknowa)	(If you, give war or d	ates of service)	SECURI		17 INFORMANT	1 Al .7.	ADDRESS 10 0+0
-	770	1 700		FAFE		John Pary	valallo. 6713	
	18. 3 3	1X I		215-120	AUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION		Y	Pa-		as Hemanha	
	(This does	not mean the mod- ire, asthenia, etc. It n	e of dying, e	. g., (A) -	gen	aro-vascul	ar remarina	je.
		complication which						
		ANTECEDENT CA	USES		40	1 4 .		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) Authorocurron							
CATION	RISE TO T	S OR CONDITIONS HE ABOVE CAUSE (	A) STATING	THE DUE TO	11	4		
4	UNDERLY	YING CONDITION	LAST.	(C)	art	erioacteron	0	
				Olean Love National				
RTIFI	OTHER S	II SIGNIFICANT CON	DITIONS C	ON-				
CEF	TRIBUTING	TO THE DEATH, BU	T NOT RELA	TED				
		F OPERATION		R FINDINGS	OF OPER	ATION		20. AUTOPSY?
AL								YES NO
EDICA		ENT WAS UNDER		LACE OF INJUR				ity, give exact location)
ME	CAUSE OF	R CONTRIBUTING DEATH		10,1=144,140,013,811000,	, muce bidg., e	INSORT OCCUR		
1	21D. TIME	(Month) (Day) (Ye	r) (Hour)	21E. INJURY	OCCURRE	D 21F. HOW DID	INJURY OCCUR?	
	FINJURY		m.		NOT WHILE			
	22 7 1			WORK L		-26 1951	/. 3 . 3	061
	description	y certify that I d	ttended th	e deceased fro			to 2, 1	951, that I last saw th
	23A. SIGNA	TUPE A		and that dea	ith occur	BB. ADDRESS	from the causes and c	on the date stated above
	ZOX. OTOTAL	On a Day	liques	Noun		1400 Poar	dino It	II-2-51
24	A. BURIAL,	CREMA-L SAR DATE			CEMETE	RY OR CREMATORY	24D. LOCATION (City, t	
世	N. REMOVAL (S	Specify)	-,	11/1	o K	1	B X Min	11
D	ATE RECEIVE	1 / 5 / 5	R'S SIGNAT	TURE	1 1/4	25. FUNERAL DIRE	THOUSE MY	ADDRESS
LC	CAL REGIST	RAR	O OIGIA	V.	0.0	1. 1. AA IA	J R 11	10. 1 11 11. 1
				UVALUE WAS		Welly / Ho	He Shorly, A	wollde , Med.
	VS 150			1 12	2.4.		/	\$3a
			-/15	The First		folo	E 6	0
							3 ()	



	435			
		EALTH DEPARTMENT	51	1058
В	IRTH NO. 51 1658 CERTIFICAT	E OF DEATH	Registered No	3.500
	Type or Print) Augustus Walton		2. DATE 0F 2/3/	51
	Baltimore City, Maryland Baltimore.	4. USUAL RESIDENCE (W)		tution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address o OSPITAL OR location		utside corporate limit wr	1
	Maryland General Hospita		2	te RURAL and give township)
Ċ:	Length of stay in Baltimore Life. Mos. Mos. Days	2010 Illint	ST #24	Ba/to
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years   If Under last birthday) Months	I Year   If Under 24 Hours
I	emale while married	Hpril do,	57	
wor	kdope during most of working life, eyen if retired)  INDUSTR'  OUSE Wit L.	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAI		
15	5. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL		lask.	
(Ye	(If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDR	ESS
	18. 443 Xarral / 70 X CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	te cardiac	1 . 10	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Jation	decompa	0
				42
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	pertensive	is and	70
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO HE UNDERLYING CONDITION LAST.			2
IC/	(c)VV	colar dise	lase.	
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON.			
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED CAFA	noma of b.	reast	
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g.,	in or   21c. WHERE DID (If	in Baltimore City, give	YES NO NO
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,			chact toution,
r	(ID. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURE FINJURY		OCCUR?	
	m. WHILE AT NOT WHILE AT WORK AT WORK		13 11	
	22. I hereby certify that I attended the deceased from deceased alive on 3, 1951, and that death occu	19.31, to	5 , 19 5/, th	at I last saw the
	23A. SIGNATURE	238. ADDRESS		ate stated above.
	( and & - Woold M.D.	maryland Gen.	Horas 2-	3-51
TIC	4A. BURIAL, CREMA- DN, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE		CATION (Vity, town, or co	ounty) (State)
Di	Burial 2.6.51 Fifth Refe	25 FUNERAL DIRECTOR	Baltimore , Mb	DRESS
	STD 1 - 195	J-clky + 2.16	doc 403 S.	Wolfe Stree
	VS 150		2 973	-
	951	m J MIDE	1	20





and death in my opinion resulted from: natural causes  $\square$ , accident X, suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ .

24c. NAME OF CEMETERY OR CREMATORY

VS 151 N = 803.2

24B. DATE

REGISTRAR'S SIGNATURE

23A. SIGNATURE

A. BURIAL CREMA-

DATE RECEIVED BY

9591 abrugdon Med

24D. LOCATION (City, town, or county)

(State)

#### BALTIMORE CITY HEALTH DEPARTMENT

51 1061

BIRTH NO.	DEATH Registered No.
1. NAME OF DECEASED JACOB BRADSH	AW   2. DATE OF Jeb 3, 1951
	RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR	YLAND BALTIMORE
INSTITUTION Mercy Hospital 134	LTIMORE 10-6 township)
Yrs. Mos.	ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE O.	
WIDOWED, DIVORCED (Specify)  MARRIED  SAN.	5,1893 last birthday Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	PLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER	C-INIA 191, S. 4.
JACOB BRADSHAW ET	TA STEPHENSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
ino Mrs	J. D. Bradslaw 737 Oldkam 31
18. 377, / CAUSE OF DEAT	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	July
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	THE REPORT OF THE PARTY OF THE
ANTECEDENT CAUSES	nic alcoholism
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	HERE DID (If in Baltimore City, give exact location)
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW WHILE AT WORK AT WORK	OW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held	an Inspection & Jug . thereon and from
the evidence obtained by said Antopsy, Inspection or Inquiry, fin and death in my opinion resulted from: natural causes of accident	Autofsy, Inspection or Infoliry and that said deceased died on the day stated above, ant \( \subseteq \), suicide \( \supreseteq \), homicide \( \supreseteq \), undetermined \( \supreseteq \).
23A. SIGNATURE 23B. CH	HIEF MEDICAL EXAMINER 23c. DATE SIGNED ANT MEDICAL EXAMINER
24A. BURTAL, CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREM	1 10.1
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNER	AL DIRECTOR ADDRESS
FEB 5- 1951 Linte for Millians, Ma James	L. Bullock, Smithfield Virginia
VS 151 6903A	060 1240

FEB 5-19FF

gistered No. 1062

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
I. NAME OF DECEASED (Type or Print) THADUES PYZDROWSKI	2. DATE OF
3. PLACE OF DEATH:	DEATH February 1, 1951    4. USUAL RESIDENCE (Where deceased lived, If institution : residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
Johns Hopkins Hospital	Baltimore /- 0 township
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Age Days	130 S. Patterson Park Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIMORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   ff Under 1 Year   ff Under 24 Hours   last birthday) Months: Days   Hours   Min.
male   white   Single	Dlc, 30 1900 50
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
artist Painter	Baltimore Ind. U. S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEMBED EVER IN U.S. ARMED FORCES?   16. SOCIAL	martha Kozlawski
(Yee, no or nnknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	lignes Posko 6700 Yerman Hill Road
18. 4/7 2 / 1 CAUSE	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	selemetia espedievedenlen disesse
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	osclerotic cardiovascular disease
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CON-	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
	YES NO X
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home, farm, factory, street, office bidg., of	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
M GIING T CYCOSE OF PEXIA.	
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.  OF INJURY  WHILE AT   NOT WHILE	
m.   WORK   AT WORK	
22. I certify that I took charge of the remains described of	above, held an Inquiry & Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or I	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above
	s 🗓, accident 🗆, suicide 🗀, homicide 🗀, undetermined 🗀.
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
24A. BURIAL, CREMA-1 24B. DATE   24C. NAME OF CEMETE	I.D. MEDICAL INVESTIGATOR
TION, REMOVAL (Specify)	instal man Broth
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	John h. Welses
VS 131	100
V S 151	248Z 1061 939 V

Mint. THE STREET WELLIAM TO STREET

BIRTH NO.

BIRTH NO.

CERTIFICATE OF DEATH

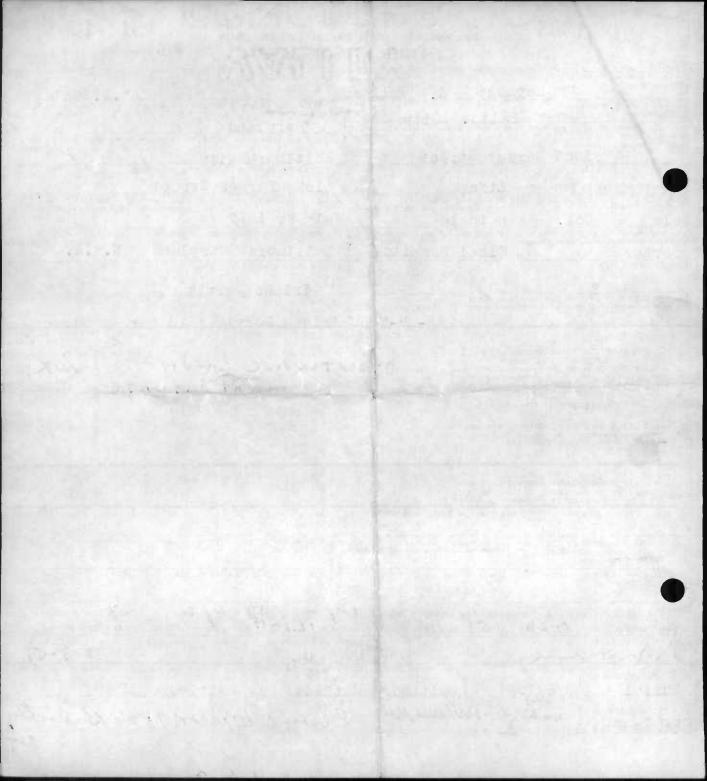
1. NAME OF DECEASED (Type or Print)

Raymond E. Wallace

3. PLACE OF DEATH:
A. Baltimore City. Maryland Rolle.
A. STATE

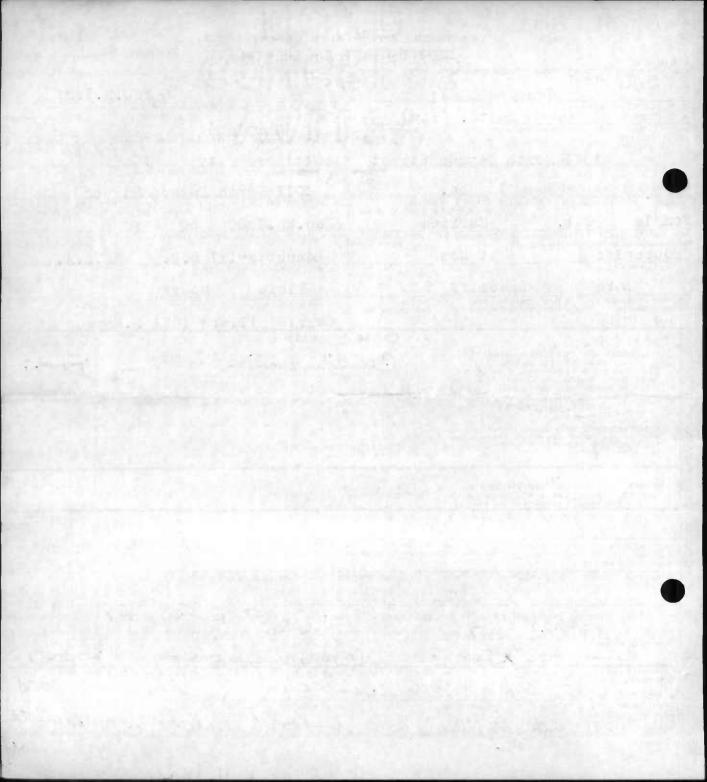
51. 1.063 Registered No.\_\_\_\_

_							
	NAME OF D ype or Print)		mond	E. Wallac	e	OF DEATH Feb.	2.1951
	PLACE OF D	EATH:			4. USUAL RESIDENCE ()	Where deceased lived. If it	nstitution : residence
	FULL NAME		Balto.	cion, give street address or	A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	OF (II not in nospi	tai or institut	location)		f outside corporate limits,	write WILRAT and ains
IN	STITUTION	TGOZ Dom	04			1-1	township)
	7 (4	1623 Bar	nes ot	reet Yrs.	Baltimore Ci		
		4 1 - Th. 141	TIO.	Mos.			
5	sex	tay in Baltimore	Life	Days Days	1623 Barnes		1 No. 1 No. 1 10 10 10 10 10 10 10 10 10 10 10 10 1
3.	SEX	6. COLOR DR RACE	WIDOW	VED, DIVORCED (Specify)		last birthday) Mon	ths Days Hours Min.
	ale	Col.	Sing		July 29 1917	33	
Mory	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF
	Porter	and a second sec	Sinai	Hospital	Baltimore Ma	aryland V.	S.A.
13	FATHER'S	NAME		<u> </u>	14. MOTHER'S MAIDEN N	AME	
		0			-		
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	I 16. SOCIAL	Iriene Per		
(Yes	, no or unknowo)	(If yes, give war or date	os of service)	SECURITY NO.	17. INFORMANT	AD	DRESS
	No			218-09-7660	Triene Pervis	I623 Barne	
	18. 44	2 X 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION				1	
	(This does	LEADING TO DEA	TH of dving, e. :	m hypu	vtinoive c	11/010 -	VNK
	heart failu	re, asthenia, etc. It mes complication which	ans the diseas	se,			
	111,013 01	complication which	caused deati	L) DOE 10	FUNAT	OUTCATE	
		ANTECEDENT CAU	SES				
Z	DISEASES	OR CONDITIONS,	F ANY. GIVIN	(B)		***************************************	
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO			
Y	ONDERLI	TING CONDITION L	ADI.	(C)		***************************************	
ERTIFICATION							
E	OTHER S	II IGNIFICANT COND	ITIONS COL	N.			
	TRIBUTING	TO THE DEATH, BUT	NOT RELATI	ED			10-9-1
U		F OPERATION		FINDINGS OF OPER	PATION		20. AUTOPSY?
ᆛ	134. 5412 0	OI ENATION	ISB. MASON	PINDINGS OF OFE	KATION		
EDICAL	214 ACCID	ENT WAS UNDER-	218 PL	ACE OF INJURY (e. g., i	o or 21c. WHERE DID (	If in Baltimore City, gi	YES NO
	LYING O	R CONTRIBUTING		farm, factory, street, office bidg.,		ar in Daivinion, Ordy, gr	TE EXACT IOCATION)
Σ	CAUSE OF						
	21D. TIME	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK		,	
	22. I hereh	y certify that I at	tended the	depresed from 1	U/2 1950/to 2	1/2 1957	that I last saw the
		live on 1. Z6	1	and that death occur		he causes and on the	e date stated above
	23A. BIGNA				BB. ADDRESS	ne causes and on the	23c. DATE SIGNED
	1/101	200		BAIT	NE )		2-3-5/
24	A. BURIAL,	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR GREMATORY   240. L	OCATION (City, town, o	
TIC	ON, REMOVAL (S	Specify)		24c. NAME OF CEMETE	~~2/3		(2000)
	Burial				ational Ba	ltimore Md	
	ATE RECEIVE DCAL REGIST		SEIGNATI	RE LANGE SLIP	25. JUNERAL DIRECTOR	)	ADDRESS -
FI	FR 5-19	n 4.8.5 all 6 .	gran In	WANTED IN THE	Elioy 1, Wi	was / row	Brundy 12/a det
#	VS 150	1	9	The state of the s	0	-	41
	10 100		4.5		2. 6.7		1210
			1	0 - 178	081		1-14



51. 1064

-	IDTH NO			CERTIFICAT	E OF DEATH	Registered No	).———
_	NAME OF D	FCFACED					
(']	Type or Print)	Ida	ON	eál	ECC 1 1 CAL	2. DATE OF DEATH Feb. 2	.1951
A.		City, Maryland I			4. USUAL RESIDENCE (V	B. COUNTY	nstitution : residence before admission)
H	FULL NAME OSPITAL OR NSTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		d f outside corporate limits,	write RURAL and give
	0.0	IOII North	h Pays		Baltimore Ci		Of township)
	noth of a	tay in Baltimore	T Ma	Yrs. Mos.	D. STREET ADDRESS (If		
5.	. SEX	6. COLOR OR RACE	1 MOS	Days Days	IOII North	Payson Stre	nder I Year   If Under 24 Hours
F	emale	Col.	WIDOW	ED, DIVORCED (Specify)	Dec.28.1900	last birthday) Mon	ths Days Hours Min.
lor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY
	Housewi	fe	At Ho		Bennettsvill	L S.C. I	J.S.A.
13	B. FATHER'S N	NAME			14. MOTHER'S MAIDEN N.		
	La		adclif	£	Wilsie	Moore	
15 Ye	5. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
	No				Carrie Dillar	d IOII N.Pa	yson St
	18. 15	4 X 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION	TH	001	c:		1122 23
	(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e.g	(A)	ecrorus (	January)	7,1000.
		complication which c					
	3 49.09	ANTECEDENT CAUS	SES				
Z	DISEASES	OR CONDITIONS, II	E ANY CIVIN	(B)		***************************************	
ĭ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
S	ONDERE	TING CONDITION LA	.51.	(C)		***************************************	
L		- 11					
K		IGNIFICANT CONDI					
U U		TO THE DEATH, BUT ISEASE OR CONDITION					
٧	19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
S P			T				YES NO
EDI	LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home, fo	CE OF INJURY (e. g., i arm,factory,street,office bldg.,	a or 21c. WHERE DID (I otc.) INJURY OCCUR?	If in Baltimore City, given	ve exact location)
2	2 ID. TIME (	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
	INJURY		m. v	WORK NOT WHILE			
22. I hereby certify that I attended the deceased from Jan. 5, 1957 to Feb. 2, 1957 that I last deceased alive on Feb. 1, 1851, and that death occurred at 200 am., from the causes and on the date state							that I last saw the
							date stated above.
	23A. SIGNAT	TURE	Lag		SB. ADDRESS	-26.	23c. DATE SIGNED
	4A. BURIAL, C		1211	24C. NAMEJOF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, o	r county) (State)
1	Burio	e 2/6/	4/4	my fal	very /	scookly	m ong
4	ATE RECEIVE	D BY   REGISTRAR'	S SIGNATU	KE	25 FOREFAL DIRECTOR	iland in	v Brusty
-	VS 150	July India	Harr / Yoll	ialis, 16th	croy o.w.	100/1 100	
	V3 130	Au	age of the				A III



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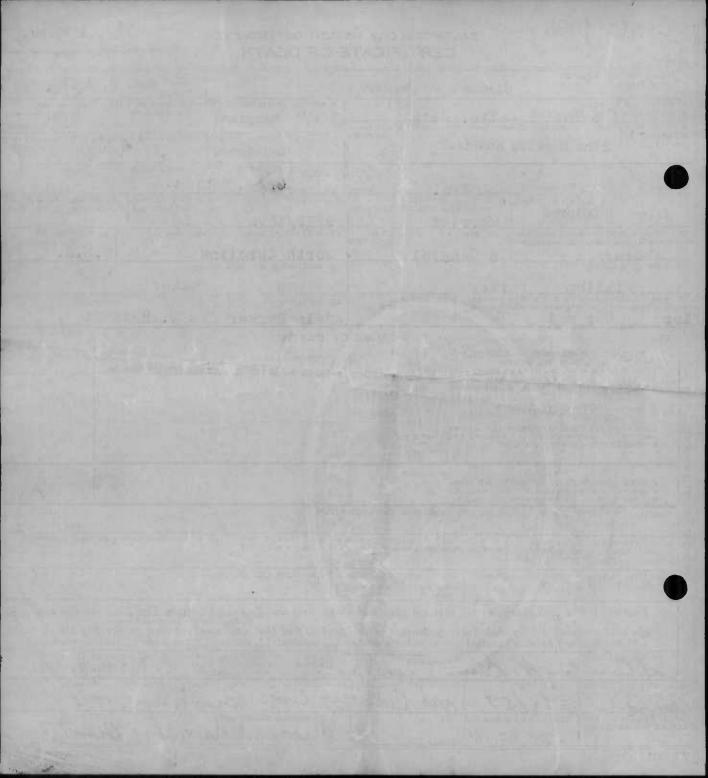
T S1 1065

BI	RTH NO.			OLKIII IOAII	E OI BEATTI		
	NAME OF D					2. DATE OF TO 3	
			ISCILL	A DIX		DEATH FEDIT	uary 1, 1951
	PLACE OF D	EATH: City, Maryland	20140	City	4. USUAL RESIDENCE (	Where deceased lived, If in B. COUNTY	nstitution : residence before admission)
_	FULL NAME			tion, give street address or	Maryland		
	STITUTION			location)	C. CITY OR TOWN (I	outside corporate imits	write KURAL and give
3	131	Johns Hopk	ins Hos	spital	Baltimore	10	- ( township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
	ngth of s	tay in Baltimore	Life	Mos. Days	1220 E. B	iddle Street	
5.	SEX	6. COLOR DR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years   fil	Inder 1 Year   If Under 24 Hours
	Female	Colored	Wido	VED, DIVORCED (Specify)	June 9 1877	73	ths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
work	w	of working life, even if retired)	1 44	INDUSTRY	D-741 . 35		WHAT COUNTRY
13	FATHER'S		T. T.	ome	Baltimore M	AME	No.Ro.
15	Un kown	D EVER IN U.S. ARMED	EODCES?	I 16. SOCIAL	Unkown		
	, no or unknown)			SECURITY NO.	17. INFORMANT		DRESS
	110				Frances Wilson	1220 E.Bid	dle St
	18. / "	70X.		CAUSE	OF DEATH		DNSET AND DEATH
	DISEA	E OR CONDITION	DIRECTLY				
		LEADING TO DEA	of dying, e.	g., (A)	noma of breast	***********************	************************************
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
Generalized anasarca					••••		
o		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
Ĕ		TING CONDITION LA		(C)			
CERTIFICATION				(0)			
F	OTHER S	II IGNIFICANT CONDI	TIONS CO	N -			
2	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED			
S				FINDINGS OF OPER	ATION		20. AUTOPSY?
L							YES NO X
EDICAL	21A. EXTERN	NAL CAUSE WAS		ACE OF INJURY (e.g., I		If in Baltimore City, gi	ve exact location)
ā		G OR CONTRIB-	about home,	farm, factory, street, office bldg., e	(m.) INJURY OCCUR?		
		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY			WHILE AT   NOT WHILE			
	00 1 11		m.	WORK AT WORK	, ,, Inspect	ion & Inquiry	7 7 7
	22. I certi,	ly that I took char	ge of the	remains described a	bove, held an Inspect	Inspection or Inquiry	. thereon and from
	the evi	dence obtained by	said Auto	opsy, Inspection or I	nguiry, find that said d	eceased died on the	day stated above
			resulted ;	from: natural eauses	Z, accident □, suicide		determined [].
	23A. SIGNAT	FURE I	1		ASSISTANT MEDICAL	EXAMINER	
2/	LA BURIAL C	REMA- 245 DATE	7	M 24C, NAME OF CEMETE	.D.   MEDICAL INVESTIGAT	OCATION (City, town, o	eb. 1, 1951 (State)
TIC	NA. BURIAL, C	pecify)	· -	240. 144112 01 02111212			, , , , , , , , , , , , , , , , , , , ,
-	urial	2/5/19	bI			timore Md	ADDRESS 4
	CAL REGIST	PAR	1 16.5	11: 11 11 11	25 FUNERAL DIRECTOR	lan Im	Buller
F	FB 5-19	351 Sumi,	for I'm	MCKNOT INSIX	way o will	der Jord	
V	S 151		· ·	Sales and the			50 1004
		2 15		and the state of		164	

10 B	261. 1066	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH	51 10 Registered No.	966
1.	NAME OF DECEASED Type or Print)	Claude Parker		of reb. 2, 19	51
B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Of not in hospit OSPITAL OR STITUTION Johns Hopkins	location)	A. STATE Maryland	here deceased lived. If institution	on: residence efore admission
6	ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If the Control of the Control o	th St.	
	Male   G.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	9/19/1892	9. AGE (In years last birthday) Months Day	ys Hours Min.
wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  LADORET  FATHER'S NAME	IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	u.S.	IZEN OF AT COUNTRY
(Ye	William PE  5. WAS DECEASED EVER IN U. S. ARMEI  6. no or unknown) (If yes, give wer or date  War # I	o Forces?   16. SOCIAL   SECURITY NO.	Emma 17. INFORMANT Addie Parker 6	Parker  Address 12 E. 28th St	
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Hypertensive Cardiovascular Disease Due to  DUE TO  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
L CER	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A, DATE OF OPERATION 1		RATION	20	AUTOPSY?
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB- UTING   CAUSE OF DEATH.		n or 21c. WHERE DID (If	f in Baltimore City, give exac	
ME	1D. TIME (Month) (Day) (Year) FINJURY	(Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	·
	the evidence obtained by	rge of the remains described a said Autopsy, Inspection or I resulted from: natural causes	nquiry, find that said de	ceased died on the day $\Box$ , homicide $\Box$ , undeterm	mined [].
-2	Stanley H.	Deulaclum	.D. MEDICAL INVESTIGATE	EXAMINER	, 1951

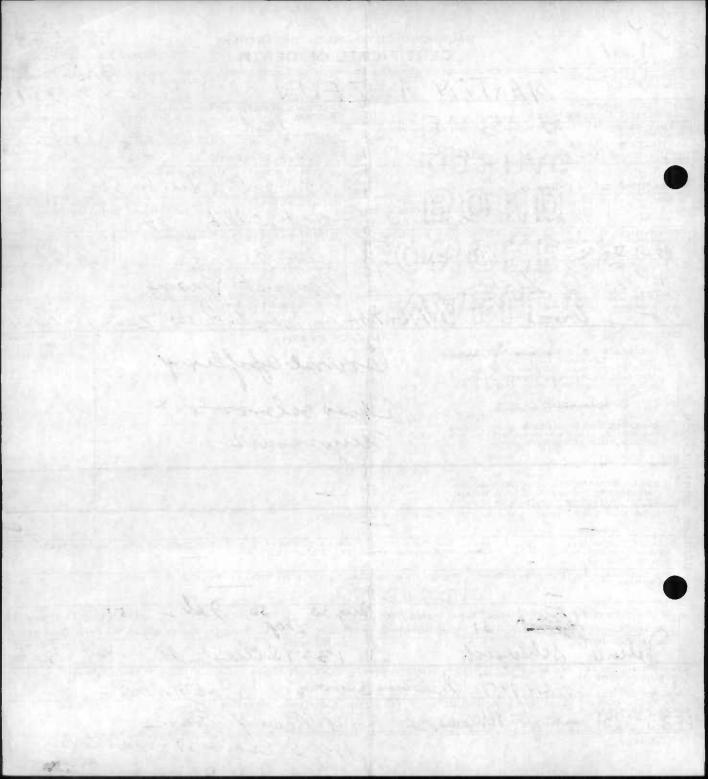
DATE RECEIVED BY LOCAL REGISTRAR

V S 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUFAL and give INSTITUTION township) Yrs. ADDRESS (If rural give location) Mos. ength of stay in Baltimore las. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | ff Under I Year | ff Under 24 Hours | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) hole Morried 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR ACE (State or foreign country) work done during most of working life, even if retired) 12, CITIZEN OF INDUSTRY WHAT COUNTRY? of ortender averu 13. FATHER'S NAME lorge 15 WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) ADDRESS /4 no 61 18. 4221 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES No ' 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE ATT WORK 195 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on and that death occurred at\_ m., from the causes and on the date stated above. 23B. ADDRESS 23c DATE SIGNED 24A. BURIAL, CREMA-248. DATE 24c, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) TLOW, REMOVAL (Specify) Wallimore Kemotes real DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150



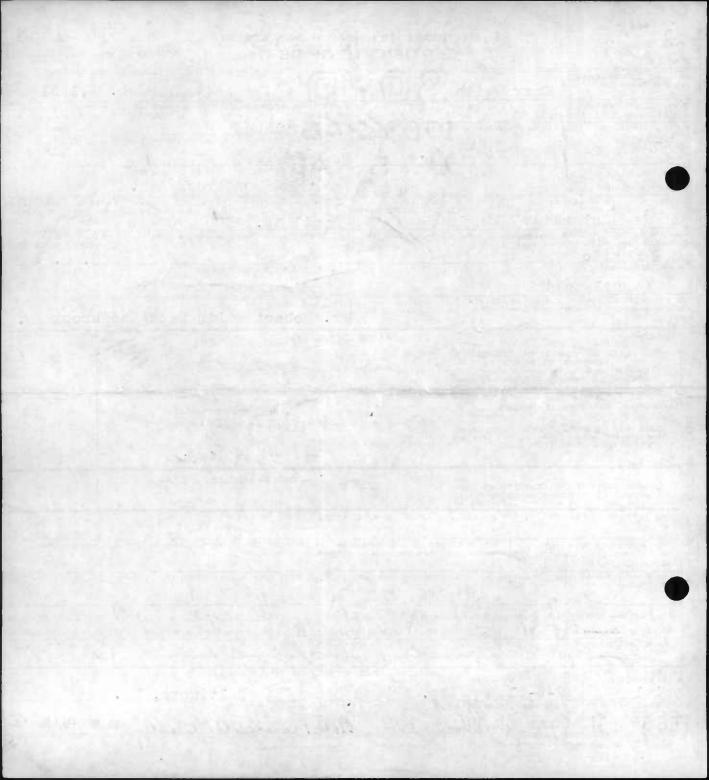
15	30
17	1068
BIRTH	NO.

#### BALTIMORE CITY HEALTH DEPARTMENT

51 1068

CERTIFICATE OF DEATH Registered No\_ 1. NAME OF DECEASED 2 DATE (Type or Print) Feb. 2,1951 Mary Smith DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Marvland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2442 Woodbrook Ave. township) Baltimore o. STREET ADDRESS (If rural, give location) Mos. 2442 Woodbrook Ave. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Female Colored Single April 19.1880 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Domestic Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Smith Annie Lewis 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. r. Robert Smith 2442 Woodbbook Av. INTERVAL BETWEEN CAUSE OF DEATH 20.0 ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES ERTIFICATION (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO CHIEF OR ASST. MEDICAL EXAMINER. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATT NOT WHILE WORK 2/2 , 1951, that I last saw the 22. I hereby certify that I attended the deceased from 2/2 195 // to deceased alive on Do A 12 1951 and that death occurred at 10 7 m., from the causes and on the date stated above. 234 SIGNATURE 23c. DATE SIGNED 2-3-51 24A. BURIAL. CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 2-5-57 Mt. Auburn Baltimore. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

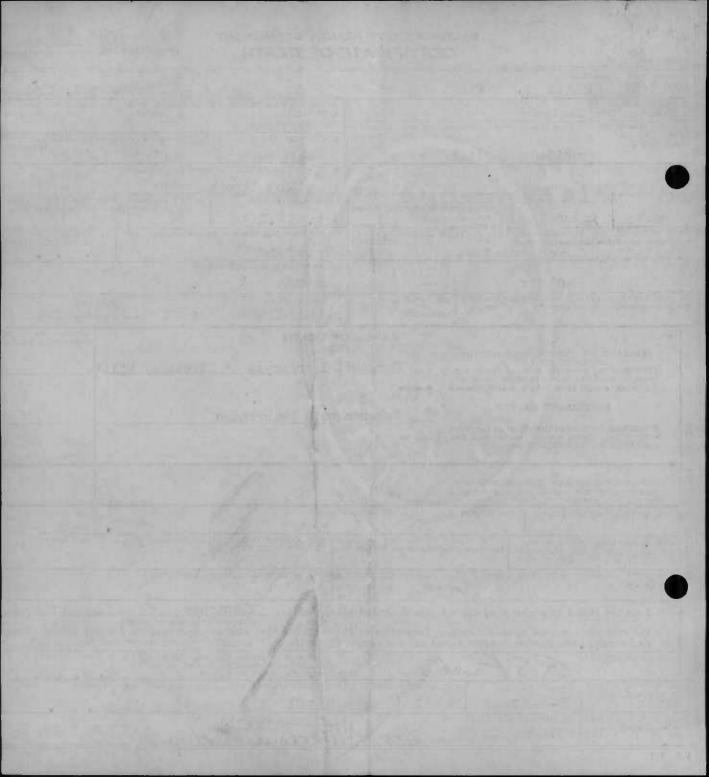
medical



17	00
53	1069
BIRTH	NO.

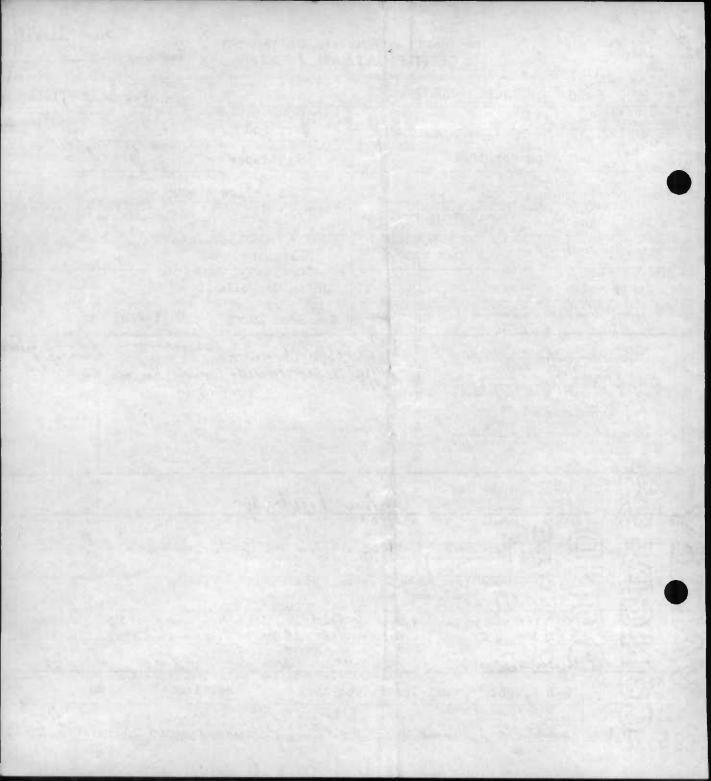
Registered No. 1069

B	IRTH NO.						
	NAME OF D	MELVIN R.	TUCKE	ir		2. DATE	ary 2, 1951
	Baltimore (	City, Maryland			4. USUAL RESIDENCE		
	FULL NAME	OF (If not in hospit	al or institu	tion, give street address or			1/
	OSPITAL OR ISTITUTION			location)	C. CITY OR TOWN (	If outside corporate limit	
30		Provident :	Hospita	1	Baltimore	10	township
				Yrs.	D. STREET ADDRESS (	If rural, give location)	
	ength of s	tay in Baltimore		Mos. Days	2125 Valbroo	k Avenue	
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH		if Under 1 Year   If Under 24 Hours
	male	colored	WIDOV	ved.DIVORCED (Specify)	Oct. 19.1900		onths Days Hours Min.
10	A. USUAL OC	CUPATION (Givekind of		D OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
worl	done during most of	of working life, even if retired)		INDUSTRY			WHAT COUNTRY
	FATHER'S	Employee			Maryland		U. S. A.
13					14. MOTHER'S MAIDEN	NAME	
	Jose	ph Tucker			Amanda ?		100000000000000000000000000000000000000
		ED EVER IN U.S. ARMEI		16. SOCIAL	17. INFORMANT	A	DDRESS
(10	a, ao or ananown)	(11 300, 8110 Wat 01 wave	a or sorvice)	SECURITY NO.	Irs WillieMae	Tucker 2125	Walbrook A
	.0 5	-11		01110-			INTERVAL BETWEEN
		54.61			OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEA					
	(This does	s not mean the mode	of dying, e.	g., (A) Congent	ital aneurysm of	Circle of Wil	lis
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES  (B) Subarachnoid hemorrhage						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
2	RISE TO T	HE ABOVE CAUSE (A)	STATING TO				
A	UNDERLYING CONDITION LAST. (C)						
ERTIFICATION		11					
T		IGNIFICANT COND					
2		TO THE DEATH, BUT ISEASE OR CONDITION					
Ü				FINDINGS OF OPER	ATION		20. AUTOPSY?
_;							YES X NO
EDICAL	21A FXTERM	NAL CAUSE WAS	21B. PL/	ACE OF INJURY (e.g., in	or   21c. WHERE DID	(If in Baltimore City, g	
K	UNDERLYIN	G   OR CONTRIB.	about home,	farm, factory, street, office hidg., e	tc.) INJURY OCCUR?		
Ш		CAUSE OF DEATH.					
Σ	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJUF	RY OCCUR?	
L			m.	WHILE AT NOT WHILE			
	22. I certi	fy that I took char	ne of the	remains described a	hove held an aut	topsy	thereon and from
					Autopsy	Inspection or Inquiry	
the evidence obtained by said Autopsy, Inspection or Inquiry, find that and death in my opinion resulted from: natural causes 🗷, accident 🗌,						deceased died on th	e day stated above
		TURE OPERIOR			23B. CHIEF MEDICAL		
	23A, SIGNA	AS	F		ASSISTANT MEDICAL	EXAMINER	
-	DUDIAL (	010	10	24c. NAME of CEMETE	.D.   MEDICAL INVESTIGA		
	A. BURIAL. (S	pecify)				LOCATION (City, town,	or county) (State)
	surial	2-6-51		Basil (Foots	Mill) Cem	Cockeysvill	e . Md.
D	ATE RECEIVE	D BY   REGISTRAR	SSIGNATU	JRE	25. FUNERAL DIRECTOR	/	ADDRESS
	LB 5	951 mulia,	ton My	Clianes, Mil 9	Matraners G	Henvely	W. Biddle St.
V	S 151	6.	,		00010	00 19	×3a /
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U.S.	1070

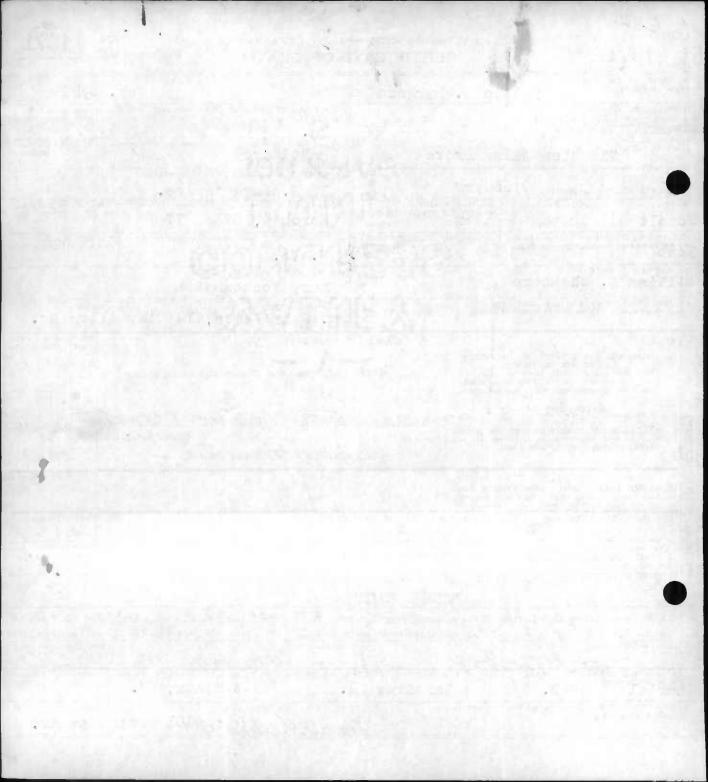
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	0
1. NAME OF DECEASED (Type or Print) Fannie FRAN(	CES HUNTER		2. DATE. OF Febru	nery 4,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Lutheran Hospital		c. CITY OR TOWN (If outside corporate Omits, write RURAL and give Baltimore		
Yrs. C. Length of stay in Baltimore  Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)  2226 Callow Avenue		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. Female White WIDNET PEOPRED (Specify)		8. DATE OF BIRTH Dec 25,1890		Inder I Year H Under 24 Hours ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OB. KIND OF BUSINESS OR OWN home NOUSTRY	11. BIRTHPLACE (State or for Baltimore M	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Lurey		14. MOTHER'S MAIDEN NAME Julia Margolis		
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL service) SECURITY NO.	17. INFORMANT Mrs Edna Luray 817 St Paul St		
DISEASE OR CONDITION DIF LEADING TO DEATH (This does not mean the mode of d heart failure, asthenia, etc. It means t injury or complication which caus  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	ed death.) DUE TO  (B)  NY, GIVING ATING THE DUE TO  (C)	rebret he mornhage this eve condition	culor discus	ONSET AND DEATH
	T RELATED ANDING IT.	hypertrophy		
CAL	MAJOR FINDINGS OF OPER		in Politicon City of	YES NO X
21A. ACCIDENT WAS UNDER- UNING OR CONTRIBUTING CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (He injury)  22. I hereby certify that I attended deceased alive on February, 1  23A. SIGNATURE  Queel Wlesmay,	m. WHILE AT NOT WHILE AT WORK AT WORK ded the deceased from 195/. and that death occur	ED 21F. HOW DID INJURY  1950, to 4	Februag, 1951, e causes and on the	that I last saw the
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Feb 5, 195	24C. NAME OF CEMETER	RY OR CREMATORY   240. LO	CATION (City, town, o	or county) (State)
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR		Sol Luman	Bus W	noth are
S 150	F 9 6 1 0	00106	0	932



6	2	2
BIRT	H NO	071

Registered No. 1071

BIRTH NO.					
	ettie A. Burgess		of Feb.	3/51	
HOSPITAL OR	ospital or institution, give street address of location				
ength of stay in Baltimor	Yrs. Mos.	7 F G Ammont			
emale 6.COLOR OR RA	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Index 24 Hours			
ork done during most of working life, even if retired)		W. Va.		12. CITIZEN OF WHAT COUNTRY:	
illiam B. Chambe			Mary Hockensmith		
15. WAS DECEASED EVER IN U.S. AF Yes, no or unknown) (If yes, give wer nr	RMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. John Lemen	,714 Glen 7	DRESS Llen Dr.	
DISEASE OR CONDITION  (This does not mean the mo heart failure, asthenia, etc. It injury or complication which will be a second or complete to the above cause underlying condition in the above cause underlying condition	DN DIRECTLY DEATH de of dying, e. g., means the disease, ch caused death.)  AUSES  (B)  (B)  (B)  (B)  (B)  (B)  (B)  (B		re: Cardio 1904 discuss	lar 1548	
OTHER SIGNIFICANT CO	BUT NOT RELATED		<u></u>		
19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDELYING OR CONTRIBUTING		in or   21c. WHERE DID (I	if in Baltimore City, g	20. AUTOPSY? YES NO K ive exact location)	
CAUSE OF DEATH 21D. TIME (Month) (Day) (Y INJURY  22. I hereby certify that I deceased alive on Feb. 23a. SIGNATURE	(ear) (Hour) 21E. INJURY OCCUR.  m. WHILE AT NOT WHILE AT WORK  attended the deceased from 2  1957. and that death occur.	un 24, 1930/to		that I last saw the date stated above.	
24a. BURIAL, CREMA- TION, REMOVAL (Specify) BUTIAL Feb.		k. Wood	OCATION (City, town, Clawn, Md.	or county) (State)	
DATE RECEIVED BY REGISTR	AR'S SIGNATURE	29. FUNERAL DIRECTOR	4101 Edmor	address	
VS 150	19510	00107	0	93)	



# BALTIMORE CITY HEALTH DEPARTMENT

51 1072

Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Rieda Michel Funke OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write & URAL and give INSTITUTION township) Luun MemiriA ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) MARRIED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Nouse Wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BARTHOLOMEW 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH He patie INSUfficiency DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CARCINOMA of BREAST. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 198. MAJOR FINDINGS 12-13-1 BREAST & MILL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) | INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE . 1951, that I last saw the 22. I hereby certify that I attended the deceased from\_ 195 ( and that death occurred at 5.25 deceased alive on 2-2 m., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED rances 24A. BURIAL, CREMA-

Druid Ridge Gemetery

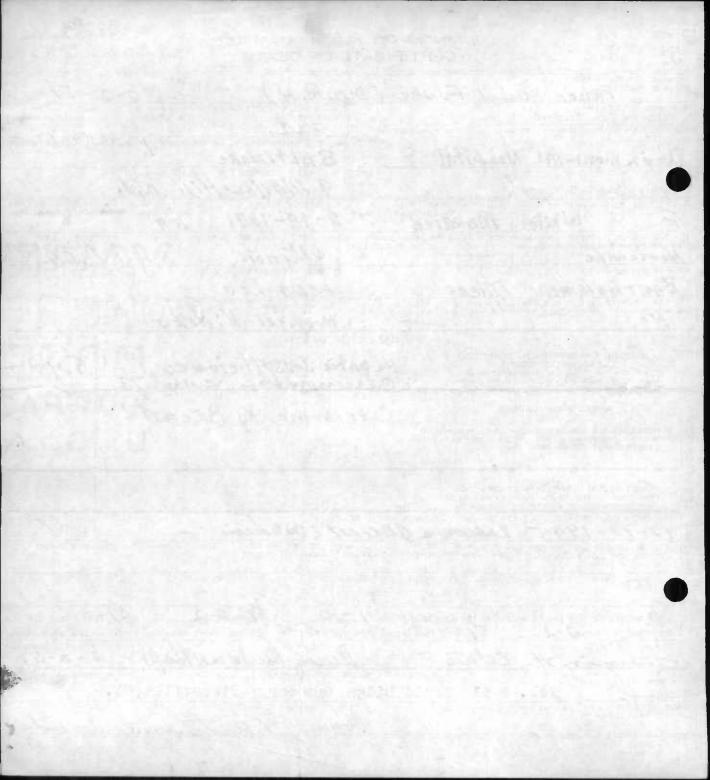
Pikesville . Md . 25 FUNERAL DIRECTOR ADDRESS

TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



25. FUNERAL DIRECTOR

22 55 can water & ...

ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR

THE RESERVE OF THE PARTY OF THE Africa Hospital Local Conflict Conflict ..... 17 st2

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1074
Registered No.

BIRTH NO. 51-01978 CERTIFICATI	E OF DEATH
1. NAME OF DECEASED	2. DATE
Duby Vey Stone sixer	DEATH 12751
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
South Baltimore General Hospital Yrs.	D. STREET ADDRESS (If rural, give location)
Mos.	O. STREET ADDRESS (II Fural, give location)
ongth of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Under I Year   If Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
vork done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles A St.	Doris Swith
15. WAS DECEASED EVER IN U. S. ARMID FORCES?   16. SOCIAL	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 93/14 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	remativity,
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
, 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
×	YES NO L
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in ebout home, ferm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	Mackly Goodki
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 112	1 51 , 19 , to 1 27 51 , 19 , that I last saw the
deceased alive on 137151, 19 and that death occur	
23A. SIGNATURE // 1	3B. ADDRESS 23c. DATE SIGNED
	1213 Light Street 1130151
24A. BURIAL, CAMA 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	SMEDICAL SCHOOL FEB 5 1951 (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A TIME! ADDRESS
CER 5-1951 Intertor Milians Mill	COMMINICATION OF INCOME.
VS 150	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence BALTIMORE A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYIAND HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION OSPITA RESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of BIRTHFLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY House wife 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME AUID AMMOND 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJUST (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 11 1951 to Feb 2 195, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on Feb 2, 19 5 land that death ocurred at 7 \_m., from the causes and on the date stated above. 23A. SIGNATURE UNIVEASIT 24C MAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE 24D LOCATION (City, town, or county) TION, REMOVAL (Specify) BURIAL DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150

FARE LEVE 685 AT Home

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 10'76 Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) Mareese W. Burgan DEATH 4. USUAL RESIDENCE (Where deceased lived, it institution, Yestornee 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate hmits, write RURAL and give INSTITUTION (township) 6019 Sycamore Rd. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 8. DATE OF BIRTH CAMPO RAGE (If years 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE last birthday) Months: Days Hours: Min. Female White Married Jan 25 1880 62 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Maryland 13. FATHER'S NAME Lot R. Wilson Ann Mercier 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or uoknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. John K. Burgan 6079 Sycamore Rd 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING arcinoma stantum vostes 3 RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED FINJURY NOT WHILE WHILE AT WODE 22. I hereby certify that I attended the deceased from Och 15, 1948, to Feb , 1957, that I last saw the 23B. ADDRESS 23A. SIGNATURE 6100 Jorks Claul NM. D. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, county) 24A. BURIAL, CREMA-24B. DATE Burial (Specify) Mt. Olivet Cem. Bal timore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. BUNERAL DIRECTOR Linter aton Miliams, Mill LOCAL REGISTRAR for A Moran 3000 E. Balto. St. VS 150

Harther any understore in account derivate dustry as to the probable gramming sette

Probable primary site -- "Rt. Antrum"

See Document File 51-1076
ES

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101	CERT	IFICATE CORRECTE	0 2-23-51		
600		BALTIMORE CITY HE	EALTH DEPARTMENT	51	1077
51 BIRTH NO	1077	CERTIFICAT		Registered No.	3.077
1. NAME C	OF DECEASED			2. DATE	
3. PLACE O	Ver	non L. Care		DEATH Feb. 5	.=195IP00
	ore City, Maryland	Baltimore	4. USUAL RESIDENCE (W	B. COUNTY	before admission)
B. FULL NA		al or institution, give street address or location)			
INSTITUTION	ON		C. CITT OR TOWN	outside corporate fruits, wri	to RURAL and give township)
00	93I S.	Brunswick ST Yrs.	Baltimore D. STREET ADDRESS (If r	ural, give location)	
c. ength	of stay in Baltimore	Life Mos.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	931 S. Prun	9. AGE (In years   Under	1 Year   If Under 24 Hours
Mala	White	WIDOWED, DIVORCED (Specify) Married	8-21-(1-900) 1899	(50) 51	Days Hours Min.
10A. USUA	OCCUPATION (Give kind of most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)   12.	CITIZEN OF
Yard T	oreman	Railroad	Maryland		WHAT COUNTRY?
13. FATHER	R'S NAME		14. MOTHER'S MAIDEN NA	ME	
	George B. Car		Ida L. Knig	ht	
(Yes, no or unk	CEASED EVER IN U.S. ARMED		17. INFORMANT	ADDRI	SS
no		705-05-(028)	Viola E. Care	931 S. Prun	swick St.
(This heart injur	SEASE OR CONDITION LEADING TO DEAT does not mean the mode o failure, asthenia, etc. It mean y or complication which c  ANTECEDENT CAUS ASES OR CONDITIONS, IF TO THE ABOVE CAUSE (A) ERLYING CONDITION LA	DIRECTLY 'H f dying, e. g., as the disease, aused death.)  ES  ANY, GIVING STATING THE DUE TO	of DEATH May artery oc		NTERVAL BETWEEN ONSET AND DEATH 2 Selection
ND DISE RISE OTHE TRIBE	II	(C)			
OTHE TRIBU	ER SIGNIFICANT CONDI JTING TO THE OEATH, BUT HE DISEASE OR CONDITION	NOT RELATED		7	
. 19A. DA	TE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
V O		21B. PLACE OF INJURY (e.g., i	n or   21c. WHERE DID (If	f in Baltimore City, give e	YES NO
LYING	OF DEATH	about home, farm, factory, street, office bldg.,		in Baitimore Oity, give e	xact location)
ID. TIM	ME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE			
22. I h	ereby eertify that I att		n 8 , 1951, to 7.	el 3 , 19 1, the	at I last saw the
decease	ed alive on Jon 31	, 19 5 ! and that death occur	rred at 12:30 a.m., from th	ne causes and on the do	ite stated above.
	XIVCally		538. ADDRESS Full		C. DATE SIGNED
24A. BURI. TION REMOV	AL. CREMA- 24B. DATE	24c. NAME OF CEMETE		OCATION (City, town, or co	unty) (State)
				Baltimore	Md.
LOCAL RE	GISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR		DRESS
FEBS	1951 1 hustre	has I moreme with	John U. Mora	m 3000 E. B	alto, ST.
V\$ 1:	J. N. Collins	9 5 5	23500 10	7 6	94a

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#### BALTIMORE CITY HEALTH DEPARTMENT

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gictored	No			

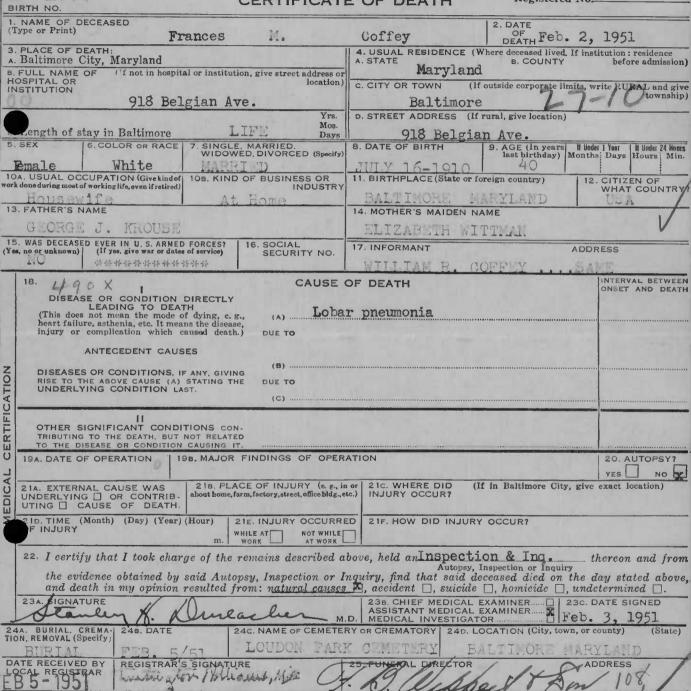
11.	1 1078 CERTIFICATE OF DEATH Registered No.						0
1.	NAME OF DEC		1 A. S	Strauch		2. DATE OF DEATH 2- 3	- 1951
A.	PLACE OF DEA Baltimore Cit	TH: y, Maryland	Balti	more	A. STATE	NCE (Where deceased lived, If in	nstitution: residence before admission)
[] HO	FULL NAME OF DSPITAL OR STITUTION	(If not in hospita 502 E	or institut 39th	ion, give street address or l. St. location)	c. CITY OR TOWN	timore 9-0	Write RURAL and give township)
C.	Length of stay	y in Baltimore		Life Yrs. Mos. Days	502 E.	ss (If rural, give location) 39th. St.	
		White	7. SINGL WIDOW	e, married, ved, divorced (Specify) ried	5-31-1877		ths Days Hours Min.
work		PATION (Give kind of orking life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
13	John F.			·	14. MOTHER'S MAI	den name ne McGee	
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	John H. S	trauch 502 E. 3	9th. St.
ERTIFICATION	(This does n heart failure, injury or co	EADING TO DEAT of the mode of asthenia, etc. It mea implication which c  NTECEDENT CAUS  OR CONDITIONS, II ABOVE CAUSE (A) NG CONDITION LA	f dying, e. ns the disea: aused death ES F ANY, GIVI STATING T	(B)		in Sarvion	30 day
CERTIF	TRIBUTING T	II INIFICANT CONDI TO THE OEATH, BUT EASE OR CONDITION	NOT RELAT	N. EO		0	
AL				FINDINGS OF OPER	RATION		YES NO V
EDIC	21A. ACCIDENT HOMICIDE			ACE OF INJURY (e. g., farm, factory, street, office bldg.,			ive exact location)
2	210. TIME (M DF INJURY	onth) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OCCUR?	
	22. I hereby	certify that I att	ended the	deceased from	June , 1944	from the causes and on th	, that I last saw the
	23A. SIGNATU	erich J. V	Jaces	m. o.	6100 blosh	24D. LOCATION (City, town,	Feb 4 1951
TI	Burial (Spe	2-6-1	951	New Cathed:	ral	Baltimore	Md.
D	ATE RECEIVED			Volliance, Meta C	John Q. Ma	ran 3000 E. Be	Address re St.
	VS 150			1		0.7.7	94a

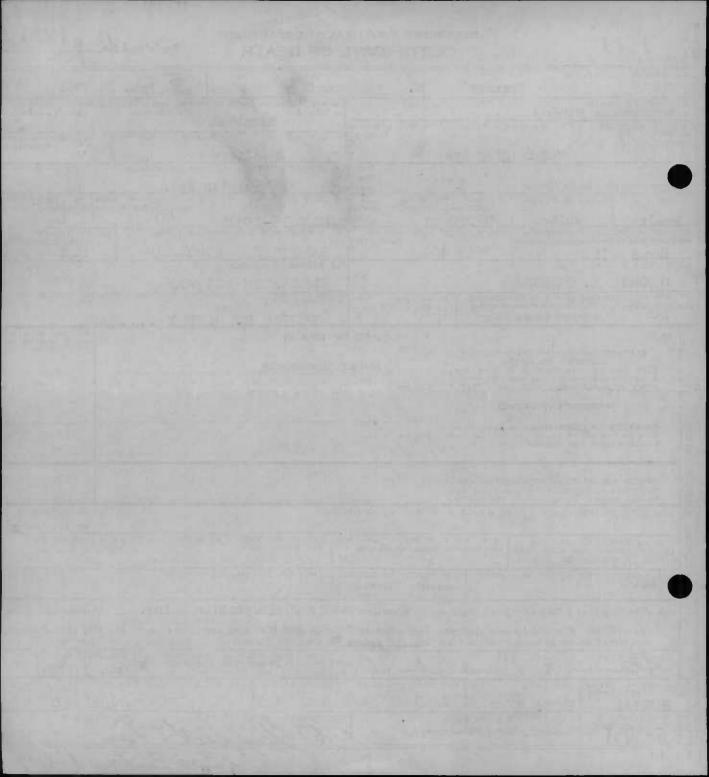
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1079

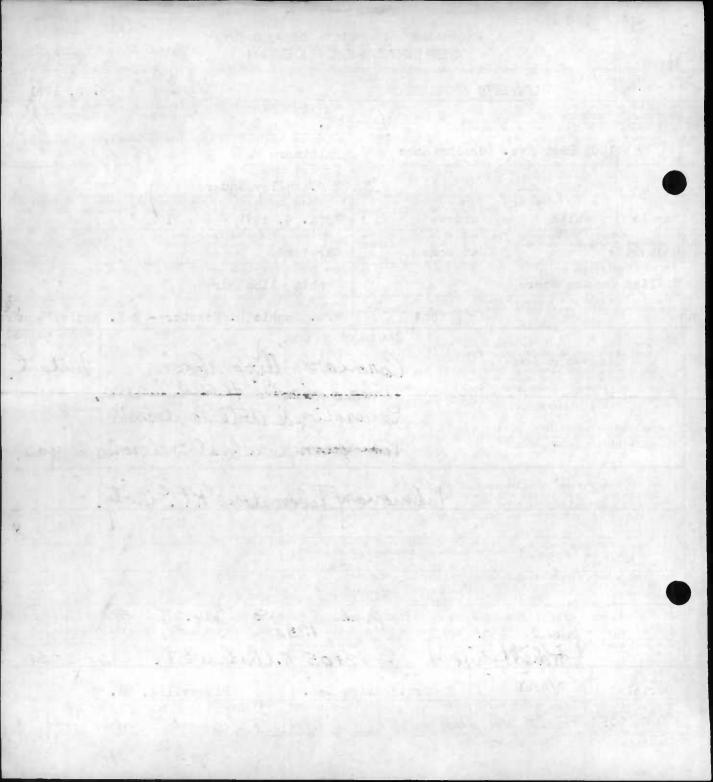




### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1.080

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GENEVIEVE MOORE BEAN Feb. 3. 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland MO B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 1301 Park Ave. Nursing Home Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2 N. Hadley Square igth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify)
Widowed last birthday) Months: Days Hours Min. female Sept. 4. 1879 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
housewife INDUSTRY WHAT COUNTRY? at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hanson Moore Sophia Alice Burch 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Sophie B. Fewster - 2 N. Hadley Squar CAUSE OF DEATH 20,0 002X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES eriosderosis ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK AT WORK au. 3, , 1951, that I last saw the 22. I hereby certify that I attended the deceased from house 19.50. to\_ . 1951. and that death occurred at 1:15 a.m., from the causes and on the date stated above. deceased alive on Jan 3 23A. SIGNATURE 23c. DATE SIGNED 2-3-51 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 2/5/51 Burial Druid Ridge Cem. Pikesville, Md. DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT

51 1081

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N	
1. NAME OF DECEASED DONALD E.	HAMMOND		2. DATE OF Feb.	3, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institute)	ion give street address on	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If is B. COUNTY	nstitution: residence before admission)
HOSPITAL OR INSTITUTION 12 N. Hilton St.	location)		outside corporate imits	(wite RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 1412 N. Hilton St.		
5. SEX   6. COLOR OR RACE   7. SINGL	E. MARRIED. VED, DIVORCED (Specify) MARTION	8. DATE OF BIRTH May 27, 1889		Under 1 Year II Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Truck	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Dawson M. Hammond	445	14. MOTHER'S MAIDEN NA	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 215-07-5442	17. INFORMANT Mrs. Martha S.		DDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CO	(B)	ronary The	anbosio	40 mine.
TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	IT	PASTON.		20. AUTOPSY?
OAL OAL	FINDINGS OF OPER		If in Baltimore City, g	YES NO
21A. ACCIDENT. SUICIDE. About home, William (Month) (Day) (Year) (Hour)	ACE OF INJURY (e.g., if farm, factory, atreet, office bldg.,	etc.) INJURY OCCUR?  ED 21F. HOW DID INJURY		ive exact location)
22. I hereby certify that I attended the deceased alive on 7. 3, 19 \$1, 23A. SIGNATURE  MOVIS W. Steinle  24A. BURIAL, CREMA- TION REMOVAL (Specify) 2/5/51	and that death occur	23B. ADDRESS 410 1. Hilles ERY OR CREMATORY   24D. L	he causes and on th	23c, DATE SIGNED
DATE RECEIVED BY REGISTRAR'S SIGNAT		25 FUNERAL DIRECTOR	laner & In	ADDRESS 10° Calto

.6.

deceased alive on\_

VS 150

NOT WHILE

22. I hereby certify that I attended the deceased from

. 195 / to

, 19 , that I last saw the , 19 and that death occurred at \_\_\_\_\_\_\_m., from the causes and on the date stated above.

24A. BURIAL, CREMA-TION REMOVAL (Specify) Burial

24B, DATE 24c. NAME OF CEMETERY OR CREMATORY! Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

ADDRES'S

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

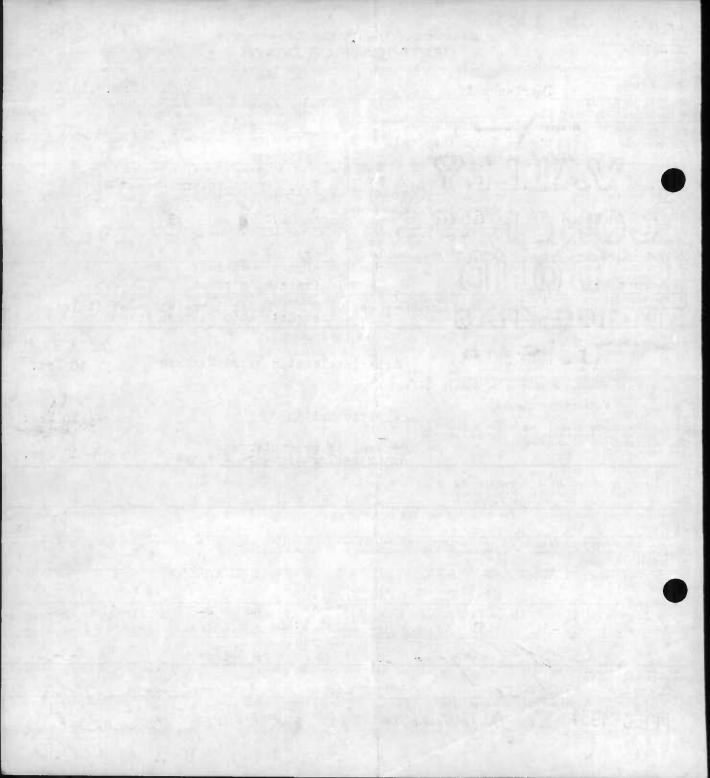
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25. FUNERAL DIRECTOR

REVER DESERVE AND A COLOR .A 02111 ACC ADD TO THE OWNER OF THE PARTY OF THE PAR A STATE OF THE STATE OF

54 4083 51 1083 BALTIMORE CITY HEALTH DEPARTMENT ND-61949 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Feb.3.1951 Charles Wolf DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Baltimore City Hospitals location HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 4940 Eastern Avenue ngth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) AGE (In years | | Under | Year | | If Under 24 Hours | last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify Male White Wadowed March 31.1877 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Fired Machine Cherulor MOUWARK Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (D) August Wolf Elizabeth Knickman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals (Yes, no or unknown) SECURITY NO. 4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN 18. 20:0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Arteriosclerotic Heart Disease 10 Yrs. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Pyelonephritis 10 Yrs. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. General Arteriosclerosis Arteriosclerotic Cord Disease 10 Yrs. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES NO X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 12-18 19 40 to 19 5 that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 1:40a m., from the causes and on the date stated above. deceased alive on 2-3 1951 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 248. DATE Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAND

VS 150



64551 1084

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1084 Registered No.

BI	RTH NO.				_ 0			
	NAME OF D ype or Print)	Mary	Cathern	ne Lreland	/		of Feb.	4 1951
A. B.	PLACE OF D Baltimore ( FULL NAME OSPITAL OR	City, Maryland	ital or instituti	on, give street address o	A. STATE	Md	B. COUNTY	stitution; residence before admission)
IN	STITUTION	520 Pa	hlan S	roor st.		Balte	5.	township)
C:	Length of s	tay in Baltimore		Yrs. Mos. Days	Kon	Poplar		st.
5.	SEX MAL2	Whitz	WIDOW	MARRIED, ED, DIVORCED (Specif Arni'E	Nov 34	1864 9. Ac	SE (In years	nder I Year U Under 24 Hours ths Days Hours Min.
		CUPATION (Give kind of working life, even if retire		OF BUSINESS OR INDUSTR		E (State or foreign of	ountry)	12. CITIZEN OF WHAT COUNTRY?
13	Rock	vane	Youn	66A	14. MOTHER'S	Une Kno	nun	
15 (Ye	, was DECEASI	ED EVER IN U, S. ARM (If yee, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN	W Inches	5×2	opess "Grans J
	18. 4/2	21		CAUSE	OF DEATH	1		INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DE s not mean the mode ire, asthenia, etc. It m complication which	ATH of dying, e. g eans the diseas	e, DUE TO	rebral 7	hrombod	'es	29 hours
_		ANTECEDENT CA	JSES		terioscher	otic C.V	D15.	
ICATION	RISE TO 1	S OR CONDITIONS THE ABOVE CAUSE (A YING CONDITION	A) STATING TH					
F		11		(C)				
ER	TRIBUTIN	SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELATE	D				
L		OF OPERATION		FINDINGS OF OPE	ERATION			20. AUTOPSY?
EDICA	21A ACCIDI	ENT, SUICIDE.	218 PLA	CE OF INJURY (e. g.	, in or   21c. WHER	E DID (If in B	altimore City, gi	yes No
ED	HOMICIDE	(Specify)		arm, factory, street, office bldg				
2	2 1D. TIME F INJURY	(Month) (Day) (Yes		21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	.E     ==	DID INJURY OCC	UR?	
	22. I hereb	oy certify that I a	ttended the	ueceuseu mom	eb 3	951, to Feb		that I last saw the
	deceased a	live on Feb		and that death occ	23B. ADDRESS	m., from the car	ises and on th	e date stated above.
(		tes a Na	ce for	м. D.	29506	dmonds	w	Jet 4 1951
	4A. BURIAL.		51	Woodl	TERY & R GREMATO	Wor	Con (City, town, o	or county) (State)
	ATE RECEIVE	D BY REGISTRA	R'S SIGNATI	IRE Lighted Mith	25. FUNERAL	MC. 1217	St. Pen	ADDRESS .
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14年2月1日日日 日日 2月20日日日日日 139 A 1951 Kontes Hambers A Standard Comment age chamber.

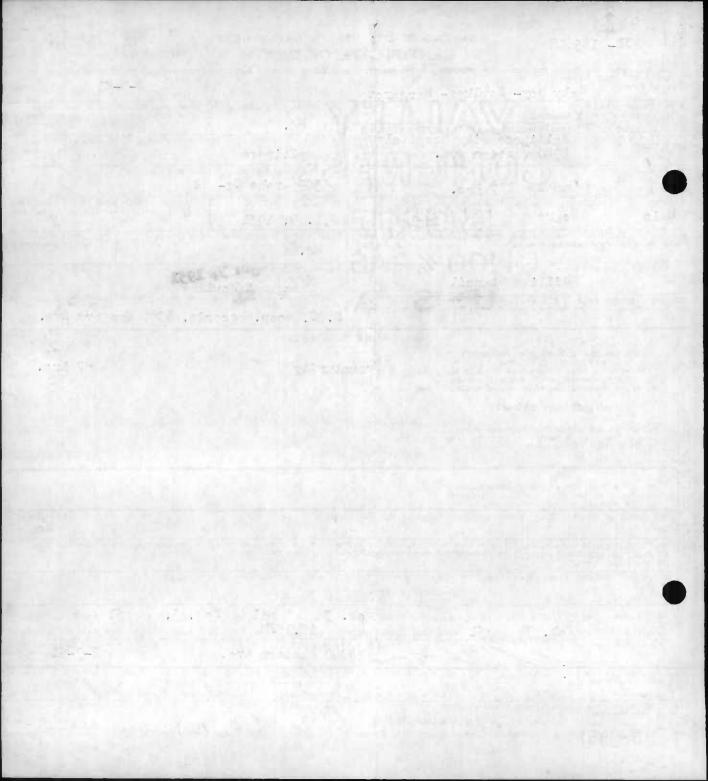
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51 1085 BALTIMORE CITY H	EALTH DEPARTMENT V 51. 1085
	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) Groff, Vernon Rupp	DEATH February 4, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	Maryland Political
INSKIXUNIAN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
St. Joseph's Yrs.	Baltimore  D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore 29 yr Days	7932 Philadelphia Rd.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year   If Under 24 Hours
WIDOWED, DIVORCED (Specify)  Married	3/28/1896 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) er CO INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Maintenance Supervisor Penna. Water & Pow	Maria Goodfill
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
amos K. Graff	Rachel L. Kupge
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Martha Groff 7432 Phila Rd
18. 470, / . CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	loss faille
injury or complication which caused death.) DUE TO	Lupostatio
ANTECEDENT CAUSES	We white Brownia
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	(i) sclerotic cardiovascular (over)
UNDERLYING CONDITION LAST.	( , , , , , , , , , , , , , , , , , , ,
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or   21c, WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
L 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Jan	pary 31, 1951, to February 4, 1951, that I last saw the
deceased alive on Feb. 4, 1951 and that death occu	rred at 11:55am., from the causes and on the date stated above.
	23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE / LAC NAME OF CEMETE	1100 N. Caroline St. Feb. 1, 1951 ery or Grematory 240. LOCATION (City, town, or county) (State)
Buncal 2/7/51 Monylus	ed Park Parkirelle Md.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
FFB 5-1951	Um bok sic 1217 St. Paul St.
VS 150	
5	235F 93D

Statistical Only

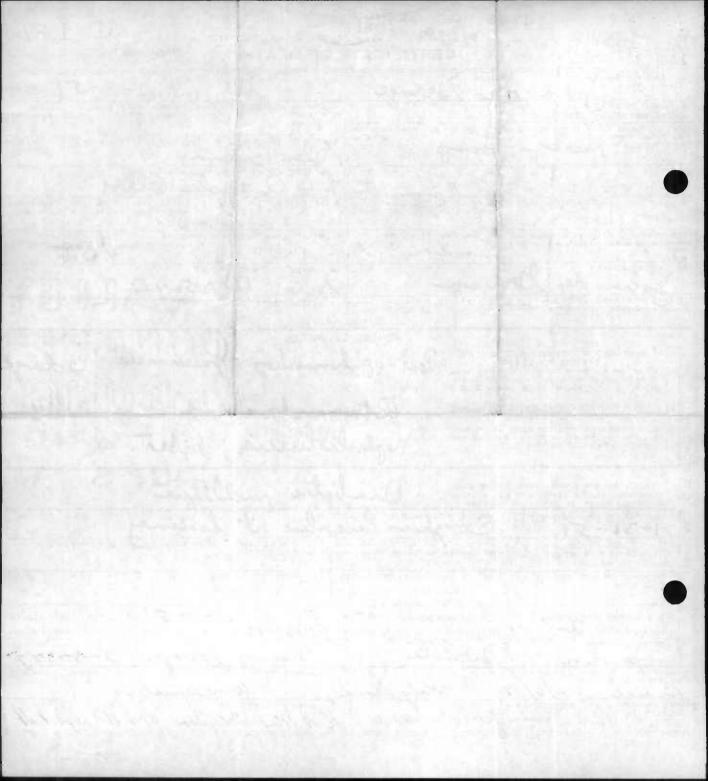
that is your opinion in the probable untulying

See Document File 51-1085 2/28/51 ES

JL_ 145608 BALTIMORE CITY HEALTH DEPARTMENT 51 1886	
BIRTH NO. 1 R. CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print)  Baby Boy- Fowlkes- Margaret  2. DATE OF 2-3-51	
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived, If institution: res	idence dmission)
HOSPITAL OR Baltimore City Hospitals ation) c. CITY OR TOWN (If outside corporate limits, write RURA)	
2 ALCIMOLE	township)
Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days  On the control of stay in Baltimore in the control of the control	
5. SEX Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) F.b. 3, 1951 9. AGE (In years last birthday) Months: Days Ho	nder 24 Hours urs Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  WHAT CO	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William Stancil Nargaret Fewlkes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  B. C. Hosp. Records, 4940 Eastern Ave	
18. 776 X CAUSE OF DEATH INTERVAL	BETWEEN
DISEASE OR CONDITION DIRECTLY	
heart failure, asthenia, etc. It means the disease,	• • • • • • • • • • • • • • • • • • • •
ANTECEDENT CAUSES	
	*************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(с)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUT	OPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact local INJURY OCCUR?	ion)
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from Feb. 3, 151, to Feb. 3, 1951, that I last	saw the
deceased alive on Feb. 3, 1951, and that death occurred all 2.15PMn., from the causes and on the date state	
23a. SIGNATURE 23a. ADDRESS 4940 Eastern Ave. 23c. DAJE 2-3-51	SIGNED
24a. BURIAL, CREMA- 24B. DATE 24c NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Tele 6, 1951 M. Autrer Cemetery Ballinge, Md.	(State)
DATE RECEIVED BY   REGISTRAR'S SIGNATURE   23. FUNERAL DIRECTOR ADDRESS	
LOCAL DECICEDAD	



GRANGE JOHN BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECKASED 2. DATE (Type or Print) OF DEATH O 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. SITK OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (in years) If Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) CITIZEN OF COUNTRY? work done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 602 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATI 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 2-3-51, 19, to 2-3-51, 19, that I last saw the deceased alive on 3-51, 19 and that death occurred alive a Mfrom the causes and on the date stated above. 28%. SIGNATURA 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) Unne Crundel Co Durial REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR with otor / Whans, Mile VS 150



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Feb.2,1951 Henry Arbin OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 2612 Bervl Ave A. STATE Balto. Md. A. Baltimore City, Maryland B. COUNTY efore admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos. life Days c. pength of stay in Baltimore 2615 Beryl Ave. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours: Min. Male White Married Oct.27,1888 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Plumber (Retired Plumber Balto .Md . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm.G.Arbin Mary Walz 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 17-16-5042 Mrs.Louise Arbin 2615 Bervl Ave. INTERVAL BETWEEN 18. 26 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 ALITOPSY 21B. PLACE OF INJURY (e. g., in or ebout home, ferm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 1-1 2 19 7 that I last saw the EM 24 , 19 1, to\_ 22. I hereby certify that I attended the deceased from. deceased alive on Fb. i 19-1 and that death occurred at 300 h.m., from the causes and on the date stated above, 23A, SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) £4D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE

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Burial

DATE RECEIVED BY

LOCAL REGISTRAR

Feb.5,1951

REGISTRAR'S SIGNATURE

LINERAL DIRECTOR

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#### CERTIFICATE OF DEATH

51. 1089 Registered No.

	IRTH NO.	E OF BEATTI		
	Type or Print) Win. Thomas. Ba	rrett	2. DATE OF Z-3-195	7
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	nere deceased lived. If institution : resi B. COUNTY before ac	dence lmission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		utside corporate limits, write/kURAL	and give
IN	5625 GOVANE AG	o Bulto		ownship)
	f lo Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	
	Length of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years   II Under   Year   II Un	der 24 Hours
	WIDOWED, DIVORÇED (Specify)		last birthday) Months Days Hou	
10	A. USUAL OCCUPATION (Give kind of log. KIND OF, BUSINESS OR Lydpas during most of working life, even if retired)	11. BIRTHPLACE (State or for		
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13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	MED LO	
15	5. WAS DECEASED EVER IN U, S. ARMED FORCES?   16, SOCIAL	cecelia.	Arese	
(Ye	(1) yes, give wer or dates of service)  SECURITY NO.  11 yes, give wer or dates of service)  SECURITY NO.	Wol Wrant	are of 56 B. Bay	and
		OF DEATH	INTERVAL E	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	vougne Throm	hosis 3 da	vs.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
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CAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO WINDERLYING CONDITION LAST.	vis selevosis	jys.	
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ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
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	TO THE DISEASE OR CONDITION CAUSING IT.	PATION		
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MEDICAL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   about bome, farm, factory, street, office bidg., CAUSE OF DEATH   10. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR   WHILE AT   NOT WHILE AT   WORK   AT WORK   WORK   AT WORK   WORK   AT WORK   AT WORK   22. I hereby certify that I attended the deceased from   22. A. SIGNATURE   ALL CREMA- 24B. DATE   24C. NAME OF CEMETE ON, REMOVAL (Specify)   2-6-651   Cymmolly   ATE RECEIVED BY   REGISTRAR'S SIGNATURE   Cymmolly   ATE RECEIVED BY   REGISTRAR'S SIGNATURE   CONTRIBUTION   CONTR	21c. WHERE DID (If INJURY OCCUR?  RED 21f. HOW DID INJURY  C. 29 1950, to red at 158 Am., from the 23B. ADDRESS SILLY YORK MALORY 24D. LOW MILLION AND ADDRESS SILLY YORK MALORY 24D. LOW MILLION AND ADDRESS AND ADDRESS SILLY YORK MALORY 24D. LOW MILLION AND ADDRESS AND ADDRESS SILLY YORK MALORY 24D. LOW MILLION AND ADDRESS AND ADDRESS SILLY YORK MALORY 24D. LOW MILLION AND ADDRESS AND ADD	in Baltimore City, give exact locat  OCCUR?  b. 3 , 195 , that I last e causes and on the date stated  Feb. 3 , 195 CATION (City, town, or county)  OCCUPATION (City, town, or county)	saw the labove.

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	BIRTH NO.
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# CERTIFICATE OF DEATH Registered No. 1090

В	IRTH NO.			LIXIII ICA		OF BEATH		
	NAME OF D		MIV	DODTNOO	T		2. DATE OF Fohmus	
Ĺ	PLACE OF D		NY	ROBINSO		The state of the s	DEATH PEDIUA	ry 1, 1951
		City, Maryland			A	. USUAL RESIDENCE (W. STATE	B. COUNTY	before admission)
	FULL NAME	OF (If not in hospit	al or institution,	give street address of location	NI-	Maryland		
	STITUTION	Talana IIl			'∥ °		outside corporate limiter	write RURAL and give township)
		Johns Hopk	ins Hospi		_  _	Baltimore		
1				Yrs. Mos.		STREET ADDRESS (If r		
31	ngth of s	tay in Baltimore 6.COLOR OR RACE	7. SINGLE, N	Days		914 Watson		dos I Vens I M Hadas 24 Hamas
٠.	Male	Colored		DIVORCED (Specif		11-9-12	last birthday) Mont	der I Yaar K Under 24 Hours hs Days Hours Min.
10	A. USUAL OC	CUPATION (Givekind of	OR KIND O	F BUSINESS OR	11	BIRTHPLACE (State or for	28	2. CITIZEN OF
		f working life, even if retired)	105. 11116	INDUSTR		R D7. 5 (	)	WHAT COUNTRY?
13	FATHER'S N	IAME				MOTHER'S MAIDEN NA	ME	
	Josep	Pol				Too a The I	7.	
1.5	WAS MECEASE	D EVER IN U. S. ARMEI	FORCES? I S	6. SOCIAL	-	marina K	) sour	
(Ye	e, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17	INFORMANT	ADE	BESS A
	no				u	Lice Marken	1026 a	our Is
	18. 35	3.3		CAUSE	OF	DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION						
	(This does	not mean the mode	of dying, e. g.,	(A) Epil	eps	Y	***************************************	****
	injury or	re, asthenia, etc. It mes complication which	caused death.)	DUE TO				
		ANTECEDENT CAUS	SES					
				(B)		***************************************	*************************************	
ō		B OR CONDITIONS, I HE ABOVE CAUSE (A)		DUE TO				
AT	UNDERLY	ING CONDITION LA	AST.	(C)		***************************************	***************************************	
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ER		TO THE DEATH, BUT		************************			······································	
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EDICAL	UNDERLYING	AL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.		OF INJURY (e. g., ,factory,street, office bldg		21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	e exact location)
Σ	21D. TIME ( F INJURY	Month) (Day) (Year)	WHIL	INJURY OCCUR!	E	21F. HOW DID INJURY	OCCUR?	
h	22. I certif	in that I took char				ve, held an Inspecti	on & Inquiry	thereon and from
						Autopsy, In	nspection or Inquiry	
	and dec	aenee obtained by	said Autopsy	y, Inspection or	Inqu	uiry, find that said dec 1, accident 🗌, suicide [	ceased died on the	day stated above,
	23A. SIGNAT		rosterou jioi	n. nathritt cause	20_12	238. CHIEF MEDICAL E.		DATE SIGNED
		lian / Lart	-		M.D.	ASSISTANT MEDICAL E	XAMINER	eb. 1, 1951
24	A. BURIAL, C		240	. NAME OF CEMET			CATION (City, town, or	
1	DIAM TO ALICO	1 2-5-	-51 m	T. Catra	n	Com. a. a	. County	· mo
D	ATE RECEIVED		S SIGNATURE		25	FUNERAL DIRECTOR	10 7	DDRESS
F	R 5 - 195		ton Millia.	what, Alex	力	del D. Kork	1.130xx	· Central for
V	S 151	57	- (m. )		1		0	10 .
		10, 10	]	0 2	17	099	Y	50

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1091 Registered No.

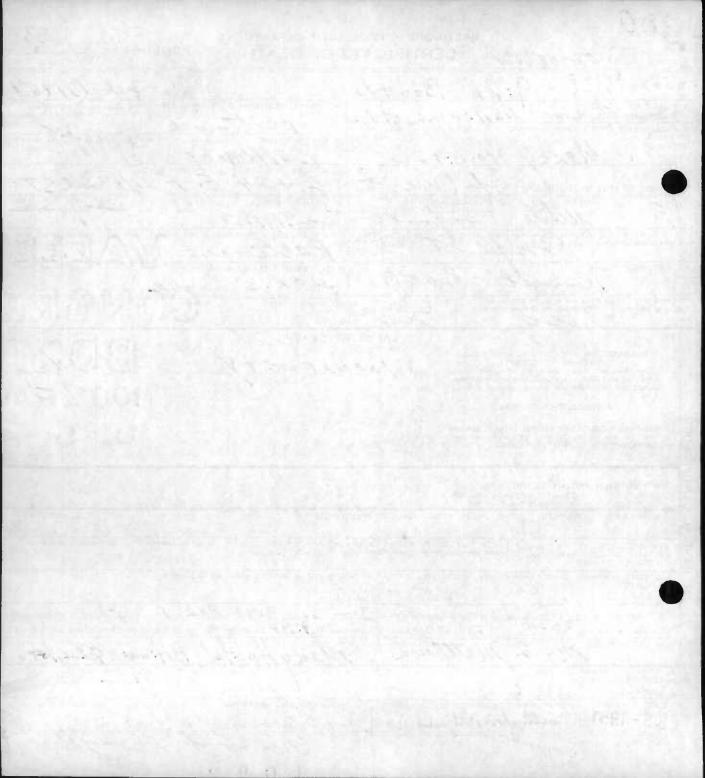
BI	RTH NO.					
	NAME OF DECEASED  Ope or Print)  LESLIE	DAYett	. DAYETT	2. DATE OF DEATH	2/4/31.	
3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. DSUAL RESIDENCE	CE (Where deceased liv B. COUNT	ed. If institution: residence FY before admission/	
HC	FULL NAME OF (If not in hospital or institu	tion, give street address or location)	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give	
IN	Elimeh Home +	Hospit al.	Ba -	Etrin ope.	township)	
	Date of the Date	Yrs. Mos.	b. STREET ADDRESS	of rural, give location	on) Buchporst	
		E, MARRIED.	8. DATE OF BIRTH	9. AGE (In year	rs II Under 1 Year   If Under 24 Hours	
	M. White.	VED, DIVORCED (Specify)	. 1/6/185	f. 13.	Months Days Hours Min.	
	A. USUAL OCCUPATION (Give kind of dome do jing most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY!	
13	FATHER'S NAME	egoneen	14. MOTHER'S MAIDE	EN NAME	and the	
	North an Day &	the.	llist	apen-	Graves V	
15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? no or nnknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
`	No			Church	I Home Hos	
	18. 490 X	CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	P		1,		
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc		reun ona	I Lovar.	•••	
	injury or complication which caused dea					
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Q.			Loss Willens DID	TE in Daltinous A	YES NO L	
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	22. I hereby certify that I attended th	3. //	6/ , 195/, t	2/4/	1951, that I last saw the	
		, and that death occur	/ // .		on the datc stated above	
	234 SIGNATURE		38. ADDRESS		23c. DATE SIGNED	
	Wence that	erg M.D.	Climel 1	4D. LOCATION (City,	town, or county) (State)	
TIC	Durial Jet 71951	Carew	and .	Balto.	Ade (State)	
	TE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIREC	TOR ·	ADDRESS / P	
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	VS 150	D. Charles Te	100	0 0	104	
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	522 TONSHA	ck	51	1.092
5.	1 1092 RTH NO. 51402486 CERTIFICAT	E OF DEATH	Registered No.	. 1.03%
1.	NAME OF DECEASED  Sype or Print)  BHBU GIRL TONISH	4 ch	2. DATE OF FULL	. 3.19.51
Α.	PLACE OF DEATH: Baltimore City, Maryland Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Whe		itution: residence before admission)
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c	ngth of stay in Baltimore L. FE. 2 Mos. Days	D. STREET ADDRESS (If run	mb erry	Mystyra.
	Female White Single Married. WIDOWED DIVORGED (Specify	7ch. 1, 1951	AGE (In years It Jade last birthday)	s Days Hours Min.
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13	JOSEPH J. TOM SHACK	14. MOTHER'S MAIDEN NAM	CONN	OR.
	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)  SECURITY NO.	17. INFORMANT MOTHER	(SAM	
FICATION	/ / 6 ^ 1		MMAJUR: Jy	ONSET AND DEATH
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
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	22. I hereby certify that I attended the deceased from Leddeceased alive on July 3, 1951, and that death occu			
24 B	A. BURIAL, CREMA- N, REMOVAL (Specify)  LIVE RECEIVED BY CAL REGISTRAN'S SIGNATURE  CAL SEGISTRAN  A. BURIAL, CREMA- 248 DATE  24C. NAME OF CEMETE  A. BURIAL, CREMA- 24B DATE  24C. NAME OF CEMETE  A. BURIAL, CREMA- 24B DATE  24C. NAME OF CEMETE  A. BURIAL, CREMA- 24B DATE  24C. NAME OF CEMETE  A. BURIAL, CREMA- 24B DATE  24C. NAME OF CEMETE  A. BURIAL, CREMA- 24B DATE  24C. NAME OF CEMETE  A. BURIAL, CREMA- 24B DATE  24C. NAME OF CEMETE  A. BURIAL, CREMA- 24B DATE  24C. NAME OF CEMETE  A. BURIAL, CREMA- 24B DATE  24C. NAME OF CEMETE  A. BURIAL, CREMA- 24B DATE  A. BURIAL, CREMA- 24B DATE  A. BURIAL, CREMA- 24B DATE  A. BURIAL, CREMA- 24C. NAME OF CEMETE  A. BURIAL, CREMA-	25. SUNERAL DIRECTOR	ATION (City, town, or or Rolf Mona	county) (State)
	VS 150	0 1 0 9 1	- Water St	159 4.

ME SALW TO MAN ANN MONTO The state of the s Starte White But A car a car offer had SAME WALL contract the effective and the state of the same Marie and the second of the se

	EALTH DEPARTMENT  E OF DEATH  Registered No	1093
1. NAME OF DECEASED (Type or Print) BALY 9:x1 Booth	2. DATE OF DEATH FUL.	1,185-1
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.	4. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  MERCY  ASSOCIATION		re RURAL and give township)
Ingth of stay in Baltimore lefte (one) Mrs. Days	D. STREET ADDRESS (If rural, give location)  9 424 E. Flelen	alst.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, D.VORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   Monder last birthday)  Menths:	
10A. USUAL OCCUPATION (Grekind of log. KIND OF BUSINESS OR ork done during most of working life, even A satired)  INDUSTRY		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Kenneth Booth	14. MOTHER'S MAIDEN NAME DOR'S COLL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRE	ESS
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Mafur: +y	NTERVAL BETWEEN DISET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., 1900) 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., 2000) 19B. MAJOR FINDINGS OF OPERATION 21B. MAJ	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR MHILE AT WORK AT WORK		
	rred at P: So Pm., from the causes and on the do	
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)  DURIAL 2-5-51  BALTO.	ERY OR CREMATORY 24D. LOCATION (City town, or co	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADD	DRESS

VS 150



7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

16. SOCIAL

SECURITY NO

Yrs.

Mos.

Days

INDUSTRY

Registered No-4. ISUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admissi before admission) (If outside corporate limits, write RURAL and give township) (If rural, give location) If Under 1 Year last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME NTERVAL BETWEEN

CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY?

19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

21c. WHERE DID

21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or (Specify) about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE WHILE AT

WORK

22. I hereby certify that I attended the deceased fromdeceased alive

and that death occurred at

238 ADDRES

a. from the causes and on the date stated above. 1 23C. DATE SIGNED

$\sim$	_		
vn,	of c	ount()	(State
	/		1

19.1., that I last saw the

TION, REMOVAL (Specify)

ADDRESS

RECETRARYS SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY

VS 150

HOMICIDE

23A. SPONMORE

24A. BURIAL, CREMA-

c. Dength of stay in Baltimore

work done during most of working life, even if retired)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)

13. FATHER'S NAME

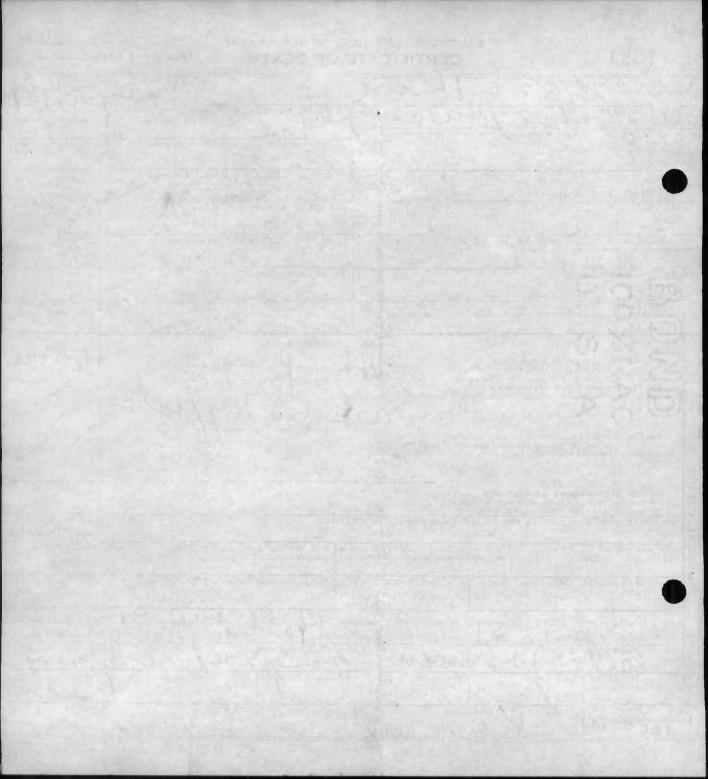
(Yes, no or unknown)

CERTIFICATION

DICA

6. COLOR OR RACE

10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR



7-6	10				
1. 1	.095	BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	51. Registered No.	1.095
1. NAME (Type or I	OF DECEASED FEN	PY DEIS	EL	2. DATE OF Q. 3-	1951
A. Baltin	OF DEATH: ore City, Maryland		4. USUAL RESIDENCE (W		tution : residence before admission)
B. FULL INSPITATIONS	OR . // //- ,	mstitution, give street address or location)	c. CITY DR TOWN (If	outside corporate limits, yer	ite RUBAL and give township)
c. Chgt	of stay in Baltimore	Yrs. Mos. Days	319 S. SI	tural give location)	1-
MAL	E White "	INGLE. MARRIED,	4-5-1871	9. AGE (In years if Under last birthay) Months	Days Hours Min.
DUIR	AL OCCUPATION (Give kind) 10B. g mosy of gorking hie, even if reteed)	KIND OF BUSINESS OR INDUSTRY	IJA LTIMON	PE Md	CITIZEN OF WHAT COUNTRY?
Yoh	N SEISEL		6-13 A DET	AME	
(You, yo))	ECEASED EVER IN U.S. ARMED FORG	CES? 16. SOCIAL vice) SECURITY NO.	MELVIN H. SEIS	ELIONN. FO	ssuth St
(Th heading)	ISEASE OR CONDITION DIRE LEADING TO DEATH is does not mean the mode of dyin it failure, asthenia, etc. It means the ry or complication which caused  ANTECEDENT CAUSES  EASES OR CONDITIONS, IF ANY I TO THE ABOVE CAUSE (A) STAT DERLYING CONDITION LAST.	CTLY  ng, e.g., disease, death.)  DUE TO	of DEATH  atio / ceclis va  aint		NITERVAL BETWEEN ONSET AND DEATH
OTHER OTHER	II IER SIGNIFICANT CONDITION SUTING TO THE DEATH, BUT NOT IT THE DISEASE OR CONDITION CAUS	RELATED	one		
19A. D	ATE OF OPERATION   198. M	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
LYING		B. PLACE OF INJURY (e. g., i t home, farm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
	IME (Month) (Day) (Year) (Hous JURY	r) 21E. INJURY OCCURR  WHILE AT NOT WHILE  MORK AT WORK		OCCUR?	
decca	hercby certify that I attende sed alive on 19, 19,	1. and that death occur	11/49, 19, to 2 rred at 10 Pm., from the 13B. ADDRESS Office	ie causes and on the d	at I last saw the ate stated above.
TION REMO	VAR (Spylly)	2 AC NAME OF CEMPTE	RY OR CREMATORY 240 1	OCATION (City, town, or co	overy) (State)
	EGISTRAR REGISTRAR'S SIG	Williams Mile	25 EUNERAL DIRECTOR	Valsers of	ecky
vs	150	in the transfer of		93	) (2Xs.

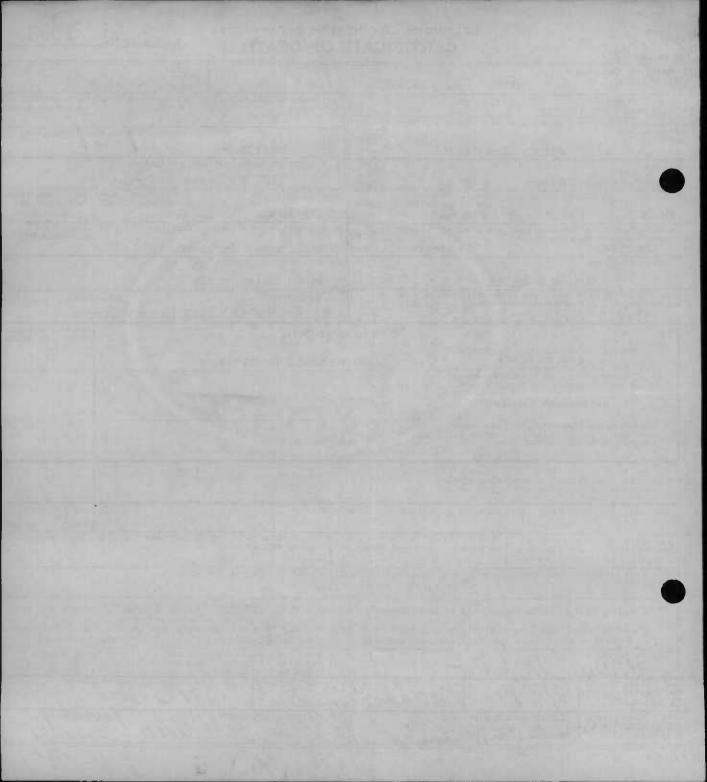
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### 150 1450 118TH NO.096

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1096

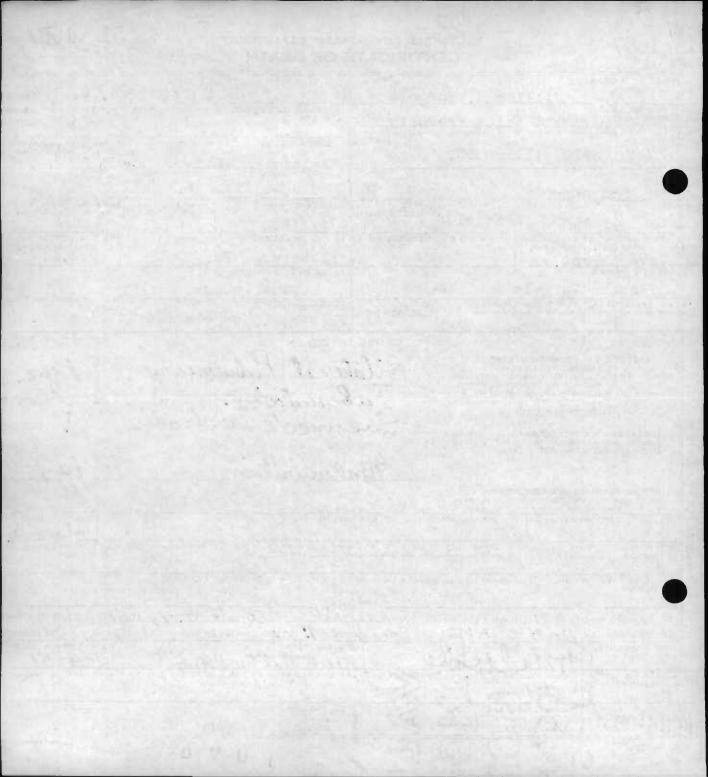
BARTH NO PARTY			
1. NAME OF DECEASED (Type or Print) FRI	ANK E	. SCHULTZ	(JAMES ALLEN)   2. DATE OF DEATH February 4, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	l or institution	on, give street address or location)	Maryland  c. CITY OR TOWN (If outside corporate limits, write AURAL and give township)
	Hospital	1	Baltimore
		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore		Days	1121 N. Calvert Street
5. SEX 6. COLOR OR RACE		MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year if Under 24 Hours last birthday) Months; Days Hours: Min.
Male White	Widow		5-28-1896 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. GITIZEN OF WHAT COUNTRY?
Chauffer	Tax	xicab	Baltimore, Maryland
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME
Frank Schul	Ltz		Helen Shicanovsky
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Yes World War	_ '	SECORITI NO.	Arthur Schultz, 1517 Ramsay Street
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication will be complicated with the complication which complicated with the complication which complicated with the complication will be complicated with the complication with the complication will be complicated with the com	"H f dying, e. g ns the disease aused death.  ES ANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE!	(B)	achnoid hemorrhage
U 19A. DATE OF OPERATION 15	AND DESCRIPTION OF THE PERSON NAMED IN	FINDINGS OF OPER	
21a. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB- UTING [] CAUSE OF DEATH.  2 1D. TIME (Month) (Day) (Year)	about home, fa	CE OF INJURY (e. g., ir rm, factory, street, office bldg., c	to.) INJURY OCCUR?
		WORK NOT WHILE	
the evidence obtained by	said Autor	psy, Inspection or I com: natural causes	bove, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry nature, find that said deceased died on the day stated above, accident , suicide , homicide , undetermined    238. CHIEF MEDICAL EXAMINER
24A BURIAL CREMA- 24B. DATE	1 /	AC NAME OF GEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S			55. PUNERAL DIRECTOR WILLES Streets
V S 151		1 m 1 m	(82,54 0 B & 20 PR)



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1097 Registered No.

BIRTH NO.			CLIVIII ICA	I has C	DEATH					
1. NAME OF DECEAS	ED		ATTENDED				2. DATE		,	-0
(Type or Print)	Willia	am H.	Voegele				OF DEATH	Feb.		
a. Baltimore City, I	Maryland B	eltimo	re City	Α.	USUAL RESIDEN STATE	NCE (Wh	ere deceased liv B. COUNT			residence re admission)
HOSPITAL OR	(If not in hospita	d or instituti	on, give street address location	\	M.C.	H o	utzide corporate	limits we	e RIII	M.L. arii give
	IO Will	iam St						7 4	-	township)
			Yr		Baltimord STREET ADDRES			1	No.	
c. Length of stay in			Mo Day	s. ys	910 Wil	liam	St.			
5. SEX 6. CO	LOR OR RACE	7. SINGLE	MARRIED.		DATE OF BIRTH		9. AGE (In year last birthday	rs if Under	l Year	Il Under 24 Hours
Male Whi	te	Marri	ED DIVORCED (Spec	3/	TT/T892		58	, and it is	Lay o	ALUMIS MIM.
10A. USUAL OCCUPAT	TION (Give kind of	108. KIND			BIRTHPLACE (St	ate or fore	eign country)	12.	CITIZE	N OF
work done during most of working			INDUST		ittsburg	Pa.	No. of the last	1	UHAT	COUNTRY
13. FATHER'S NAME	00			_	MOTHER'S MAIL					
Joseph	Voegele				Louise !					
15. WAS DECEASED EVER (Yes, no or unknown) (If y	R IN U.S. ARMED es, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO	17. Th	etis M.	Voege	ele 9IO	Will	ess iam	St.
10 40			CALLO							AL BETWEEN
18. CODX	. 1				DEATH					AND DEATH
	CONDITION DING TO DEAT		18:1	7/10	ral Pu	1	210210		./	100
(This does not m	lean the mode o	f dying, e. g	(A)	axe	ear lu	unc	navy	-		yr.
injury or compl			DUE TO	Ro	raelosie	1	U			O
ANTE	CEDENT CAUS	ES	12	100	nuessa	a.	0			)
			(B)	01	MODE	Cur	whose	d		
DISEASES OR C					11000	7745				
UNDERLYING			0.							
0			91	100	mitritie	010		- 11	1.	4-
	H		(C)	al	muruu	31			-	Tr.
OTHER SIGNIF									0	
U TO THE DISEASE	OR CONDITION	CAUSING I	τ	EDATI	N.				20 4	UTOPSY?
19A. DATE OF OPE	RATION	BB. MAJOR	FINDINGS OF OF	EKAII	JIN				VEG T	No X
21A. ACCIDENT, S	UICIDE.	1 218. PLA	CE OF INJURY (e.	g., in or	21c. WHERE DI	D (If	in Baltimore	City, give	exact le	
21A. ACCIDENT, S HOMICIDE (Spe			arm, factory, street, office blo		INJURY OCCUR					
D. TIME (Month	) (Day) (Year)	(Hour)	TE. INJURY OCCU	RRED	21F. HOW DID	INJURY	OCCUR?	3000		
INJURY		m.	WORK NOT WH							
22.771	24. 47. 4 7. 11			217	10 1050	T T	0 Cm 41	1061	at 7 7	not an 41
			deceased from L				cr. 4,			
deceased alive or	1 0 7	., 19.2.4.	and that death oc		ADDRESS	from the	e causes and	on the d	ate sto	ated above. TE SIGNED
23A. SIGNATURE	Tolua	A	we /M.D.	31	0591.Ch	arde	2	2	-4	-51
24A. BURIAL, CREMA TION, REMOVAL (Specify)	248. DATE	5	24C. NAME OF CEME		RCREMATORY		CATION (City,		ounty	(State)
Burial	2/7/1	951	Baltimore				imore,			
DATE RECEIVED BY	REGISTRAR'	SSIGNATU	RE		FUNERAL DIRE		8 3-46		DRESS	
FEB5-1951	milie witer	~ Millia	which , Alpha	F	lynn & Fl	lemin	ig I426	Light	t St	
VS 150	3				41	- 0	1.			
10 150	11161 25		- 29	106	A O	0 3	ė,	/	31	(3)
		1	- 00	L.W	· 13		2032			



23c. DATE SIGNED

234 SIGNATURE ougamin

HILAHAND AVE. 24C, NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

24A. BURIAL CREMA-TION, REMODAL (Specify)

Oak Lawn

Baltimore

LOCAL REGISTRAR

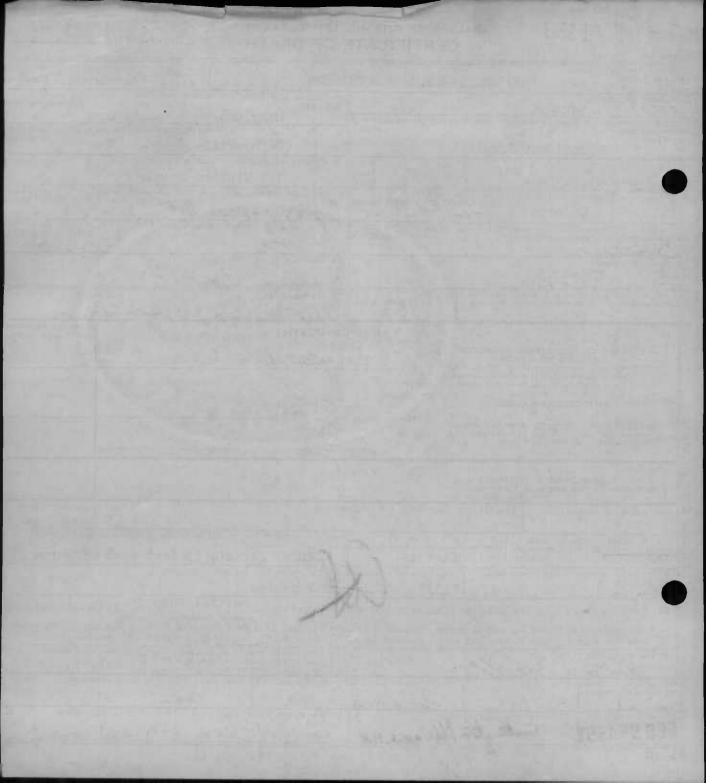
25. FUNERAL DIRECTOR

ADDRESS 403 S. Wolfe Street

DATE RECEIVED BY REGISTRAR'S SIGNATURE

Title Same Sugar A letter Completen Stor . Profit Stor. describe and the second of the

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED OF (Type or Print) JOSEPH DICKERSON February 4, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: before admission) A. STATE B. COUNTY A. Baltimore City, Maryland Baltimore (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOSPITAL OR INSTITUTION Catonsville Provident Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 127 Winters Avenue igth of stay in Baltimore Days 9. AGE (In years) If Under 1 Year 7. SINGLE, MARRIED 6 COLOR OR RACE last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Colored Male 1902 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A, USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR WHAT COUNTRY? INDUSTRY work doneduring most of working life, even if retired) 13 FATHER'S WIME 14. MOTHER'S MAIDEN NAME . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS INFORMANT (If yes, give war or dates of service) SECURITY NO. (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH E976X1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Bullet wound of head and chest LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING A OR CONTRIB-UTING A CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) School Street, 15 feet east of Carey St. Street 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED E INJURY Firearms 'eb. 4. Partial Autopsy thereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide X], homicide [], undetermined []. 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER .... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER .... Feb. MEDICAL INVESTIGATOR . 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE Mon 1303,2 VS 151



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1100 gistered No.

В	IRTH NO. 51. 1100 CER	RIFICATI	E OF DEATH	Registered	No.	
	NAME OF DECEASE Tredella Wi	ley		2. DATE TO DEA	WW 8 1951	
	PLACE OF DEATH: Baltimore City, Maryland	0	4. USUAL RESIDENCE	(Where deceased lived.	If Mutution : residence before admission)	
B. H	FULL NAME OF (If not in hospital or institution, give OSPITAL OR ISTITUTION	e street address or location)	ma		nits, write RURAL and give	
5	mercy 201	ep.	Balto	1.6	5-04 township)	
	ength of stay in Baltimore ? 3 Mer	Yrs. Mos. Days	o. STREET ADDRESS	rural, give location)	15+	
5.	6. COLOR OR RACE 7. SINGLE, MAR.	RIED. VORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years rthday)	If Under I Year If Under 24 Hours Months Days Hours Min.	
10	DA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BU	USINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	
401	Housewie Housewie House	INDUSTRY	Lucinsky	u Pa	WHAT COUNTRY?	
. 15	FATHER'S NAME BOOK		14. MOTHER'S MAIDEN		w. Jv. W.	
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. S	OCIAL	- Transfer	are		
(Ye	(If yes, give war or dates of service)	ECURITY NO.	2015 Pres	hurus III.	ADDRESS	
	18. /5/X .	CAUSE	OF DEATH.		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	p	1+	1 7	ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) <u>La</u>	Domai	u.		
		JE TO				
	ANTECEDENT CAUSES					
Z	DISEASES OR CONDITIONS, IF ANY, GIVING					
TION	RISE TO THE ABOVE CAUSE (A) STATING THE OUNDERLYING CONDITION LAST.	JE TO				
CA		(C)				
H						
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED					
Ü	TO THE DISEASE OR CONDITION CAUSING IT					
AL	19a. DATE OF OPERATION 19B. MAJOR FINDI	NGS OF OPER	ATION		20. AUTOPSY?	
EDICA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF	INJURY (e. g., ir	or   21c. WHERE DID	(If in Baltimore City,	give exact location)	
MED	LYING OR CONTRIBUTING about bome, farm, factor CAUSE OF DEATH	ry, street, office bldg., e	itc.) INJURY OCCUR?			
-	INJURY	JURY OCCURRE	ED 21F. HOW DID INJU	RY OCCUR?		
	m. WHILE AT WORK	NOT WHILE				
	22. I hereby certify that I attended the deceas	ed from 1-2	6-5/, 19 , to	1-3-57,19	that I last saw the	
	deceased alive on and the		red of 35 Am., from			
	23A. SIGNATURE	4.	3B. ADDRESS	cy Hosp	33c. DATE SIGNED	
24	A. BURIAL, CREMA- 24B. DATE 24C. NA	M. O.	RY OR CREMATORY 240.	LOCATION (City, tow		
	Jurial Feb. 8. 1951 Cla	thulus.	hum. The. S	al8. W.	me	
D/	ATE RECEIVED BY REGISTRAR'S SIGNATURE	41 88	35 SUNERAL DIRECTOR	Funcial	DEPESSOR !	
7	EB5-1957   1 mate for / Whats	MAR	1631 Du	uil Thill	aner!	
	VS 150	All and		0 9 7	1110	

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A.	6	53	
5:	1.	11.01	
BIRTH NO.			

# BALTIMORE CITY HEALTH DEPARTMENT 51 1101

131	RTH NO.	1.1.0.1	C	CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF D		0' . · · · · ·	and the		2. DATE To	6. 3. 51
B. HC	PLACE OF D Baltimore ( FULL NAME DSPITAL OR STITUTION	City, Maryland	2630	. , arrant  6 Olove SL  n, give street address or location	C. CITY OR TOWN (I	Where deceased lived, B. COUNTY	If institution: residence before admission)
	ungth of s	etav in Baltimore	Kepe	Yrs. Mos.	D. STREET ADDRESS (If	frural, give location)	100
	SEX SELLAR	6. COLOR OR RACE		MARRIED, D, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours Months Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)  HOWALLOW	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	Mor Roses	e berger	,	14. MOTHER'S MAIDEN N	Becettere B	buettner/
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Paul arras		ADDRESS
ATION	(This doe heart failt injury or DISEASE RISE TD	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which of the complication which complication the complication of the complete of the comple	TH of dying, e.g., uns the disease, caused death.) SES  F ANY, GIVING STATING THE	(A)	OF DEATH Browels Preum Jufferenn	NOKE	INTERVAL BETWEEN ONSET AND DEATH  HCL  3 L,
EDICAL CERTIFIC	TRIBUTIN TO THE D 19A. DATE C	ENT. SUICIDE.	PROPERTY OF THE PROPERTY OF TH		in or 21c. WHERE DID	Worfeld	20. AUTOPSY7 YES ND , give exact location)
₩.	INJURY	by certify that I at	m. wittended the d	nd that death occu	2 30 , 19 <sup>57</sup> , to	the causes and on	the date stated above.  23c. DATE SIGNED 2-5-51
7	DN REMOVAL (	ED BY REGISTRAR		4c. NAME OF CEMET		ellin Rd	ADDRESS LIVE
		1000	1 1 1 1	AND STREET OF THE PARTY OF THE			) 4 (

Tolon the series of the series to be maly not? - " " Series."

Obtained complete history from JHH Diagnosis in substance:

" Unverified intracranial neoplasm marked intracranial hypertension"

See Document File 51-1101

2/20/51 ES

			51	110
LTIMORE CIT	TY HEALTH	DEPARTMENT	Os.	-AA. 4.2
CERTIFIC	CATE OF	DEATH	Registered No	

	NAME OF DE	J(	SEPH	WERNER WA	HIVER	2. DATE OF Feb. 3	3, 1951
	PLACE OF DE Baltimore Ci				4. USUAL RESIDE	ENCE (Where deceased lived. If ins	titution : residence before admission
8.			al or institu	tion, give street address or	Maryl	and	
	ISTITUTION	Mercy Hospi	tal	location)	c. CITY OR TOWN	(If outside corporate limits, v	vrite RURAL and give township
				Yrs.	Balti	more (If rural, give location)	11
	ength of sta	y in Baltimore		Mos. Days	005		
5.		COLOR OR RACE		E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTE		er 1 Year   H Under 24 Hours as: Days   Hours: Min.
	Mole	White	Memm		Feb. 8, 188	89 61	Jays Hours, Min.
10. work	AT USUAL OCC	UPATION (Give kind of working life, even if retired)	108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)   12	. CITIZEN OF WHAT COUNTRY
	cane opera		Rever	e Copper Co.,			
13	. FAIRERS NA	INIE.			14. MOTHER'S MA	IDEN NAME	
15	. WAS DECEASED	EVER IN U. S. ARMEI	e ner	1 16. SOCIAL	Mary Mil.		
(You	o, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.		ertch 2310 E. Balti	RESS
1				CALISE	OF DEATH	erton kolo L. Dalti	INTERVAL BETWEEN
		or condition	DIRECTIN	^			ONSET AND DEATH
		LEADING TO DEA	TH	P	asaluti	e ileus	
	heart failure	e, asthenia, etc. It mes	ns the disea	ise,	(0.4)	perative)	***************************************
	A	NTECEDENT CAUS	ES		10031=0	perature)	
-				(8)	***************************************		
ATION	RISE TO TH	OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA	STATING 1				
ξl	ONDEREIT	NG CONDITION LA		(C)	***************************************		
FIC		11					
ERTI	TRIBUTING '	ONIFICANT CONDI	NOT RELAT	ED			
CE		OPERATION   1		R FINDINGS OF OPER	ATION		20. AUTOPSY?
اد	Jan. 25.	1951	Su	& trochout	evic oste	otomy	YES X NO
EDICA		OR CONTRIB	21B. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE D	(If in Badimore City, give R?Revere Copper & B:	exact location)
밉	UTING CA	USE OF DEATH.	#2 Mi	11. Uanter Plan	t Danville	& Rawlie St	26/6
Σ	F INJURY	lonth) (Day) (Year)	(Hour)	WHILE AT THE NOT WHILE	ED 1 21F, HOW DID	ווועוווון סכבעותי	
	April24,	1950 3:11	) Pm.	WORK AT WORK		om ludder to floor	
				remains described a	loove, near an	Autopsy. Inspection or Inquiry	thereon and from
	the evid	cnce obtained by th in my opinion	said Aut resulted	opsy, Inspection or I from: natural causes	inquiry, find that	said deceased died on the suicide $\square$ , homicide $\square$ , und	day stated above ctermined □.
	23A. SIGNATI	IRE O. A.	10			DICAL EXAMINER 23c.	DATE SIGNED
24	IA. BURIAL, CR	EMA- 248 DATE	- 00		D. MEDICAL INVE	STIGATOR	
TIE	N REMOVAL (Spe	Feb. 6,	1951	First United		Baltimore, Md.	, cate)
	TE RECEIVED	BY REGISTRAR			25. FUNERAL DIR		DDRESS
4	EB 2 and a	51 tout	如此	Elliana MA	Jllrich Funer	ral Home 2008 Orlean	ns St.,
VS	S 151 N-8	21.9	9	11 12 1 51	1330 1	0 ! /8	x6a

What we The netter of the righty sur torne in fall ?

51 1103 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS f rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE AGE (In years | | Under I Year | | Under 24 Hours | last birthday) | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND O BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME ames 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no of unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFICA (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ΰ TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER

CAUSE OF DEATH JO. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

WHILE AT

INJURY NOT WHILE WORK

22. I hereby certify that I attended the deceased from The deceased alive on 734. 3 a19 L. and that death occurred at\_

23A. SIGNATURE

BURIAL, CREMA-24B. DATE Muso

about home, farm, factory, street, office hldg., etc.)

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

. 19 \ that I last saw the m. from the causes and on the date stated above.

town, or county)

25. FUNERAL DIR ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR

LYING OR CONTRIBUTING

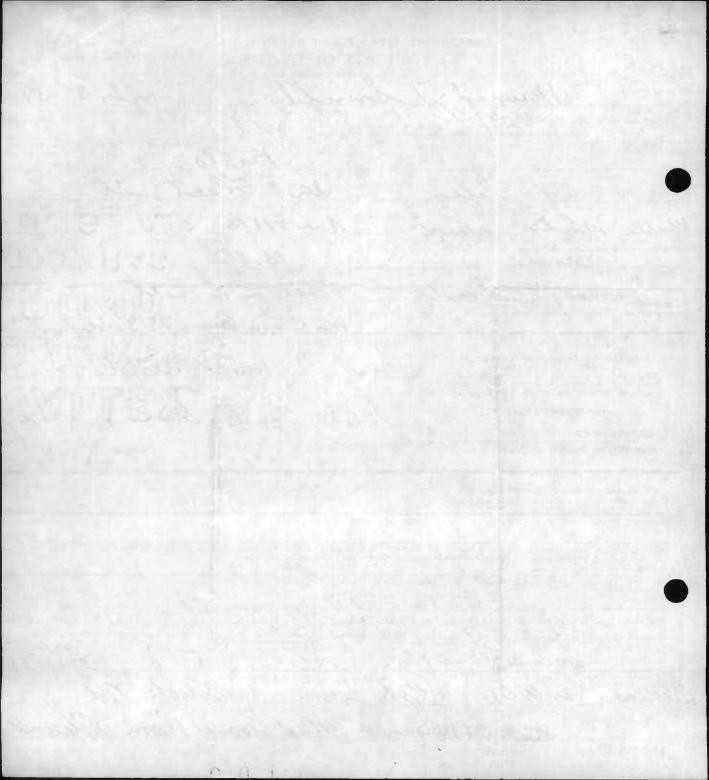
EDICAL

20 AUTOPSY

23c. DATE SIGNED

YES

(If in Baltimore City, give exact location)



B-635<sub>1104</sub>

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1104

BI	RTH NO.						
	NAME OF DECEASED (Narlotte ) BUR	TON.	2. DATE OF Feb . 4, 1951				
	PLACE OF DEATH: Baltimore City, Maryland		Where deceased lived. If institution; residence B. COUNTY before admission)				
В.	FULL NAME OF (If not in bospital or institution, give street address						
	OSPITAL OR 3815 Echodale ave	Balts (If	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	Yrs Mos Length of stay in Baltimore Day	781560	D. STREET ADDRESS (If rural, give location)				
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH	9. AGE (In years last birthday) Months Days Hours Min.				
10 worl	A. USUAL OCCUPATION (Give kind of dope during most of working life, then if retired)  A USUAL OCCUPATION (Give kind of dope during most of working life, then if retired)  INDUST:	11. BIRTHPLACE (State or for	preign country) 12. CITIZEN OF				
13	FATHER'S NAME	14. MOTHER'S MAIDEN N	AME / V				
	surge. Ness	100	isenheimer V				
(Ye	. WAS DECEASED EVER IN 1/2, S. ARMED FORCES?  1, no or nuknown) (If yee, give war or dates of service)  16. SOCIAL  SECURITY NO.  None	Taul Burton	4 4 2 0 5 Hamilton				
	18. LIGAY CAUSE	E OF DEATH	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH				
	LEADING TO DEATH	has messas	rone 2 day				
	heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) DUE TO						
_	ANTECEDENT CAUSES						
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
10							
Ē							
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
AL	19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OP	ERATION	YES NO				
IEDICA	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g about home, farm, factory, street, office bld		If in Baltimore City, give exact location)				
Σ	PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY WHILE AT NOT WHI	LE	Y OCCUR?				
	m.   WORK L AT WOR	4.8 2	51				
	22. I hereby certify that I attended the deceased from		, 19_, that I last saw the				
			he causes and on the date stated above.				
	23A, SIGNATURE & D'auding M.D.	380 5 Belo	wire Resigned				
TI	ON REMOVAL (Specify)	TERY OR CREMATORY 24D. L	actern av. (State)				
Di	ATE RECEIVED BY REGISTRAR'S SIGNATURE,	Mildred J.	Blight 600g Harford Rd				
FI	B 4 1 951		108				

THE REPORT OF THE STREET AND THE STR

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James Salara Devi

Marine M. Burney

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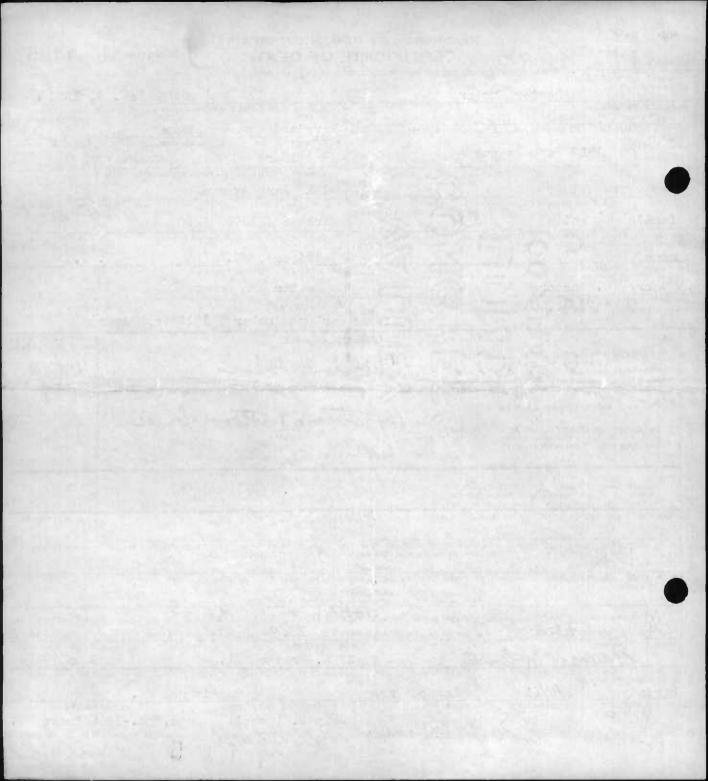
CERTIFICATE CURRECTED BALTIMORE CITY HEALTH DEPARTMENT	1 1105					
BIRTH NO. 51 1165 CERTIFICATE OF DEATH Registered	No.					
1. NAME OF DECEASED (Type or Print) William Lowe M. 2. DATE OF DEATH	13/51					
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  B. COUNTY	f institution: residence before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If outside corporate lim	its, write RURAL and give					
Visconity Hoppital Success from a Mcd.  Yrs. D. STREET ADDRESS (If rural, give location)	township)					
ength of stay in Baltimore Mos.  Days	6700					
17 W 33	N Under 1 Year N Under 24 Hours Onths Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHILACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY					
Doctor Medical Sterengtille M  13. FATHER'S NAME  14. MOTHER'S MATDEN NAME	14.5.					
William H. Lowe 15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17 INFORMANT						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknowo) (If yes, give war or dates of service) Yes  16. SOCIAL SECURITY NO. 215-10-30/2  WHAT I AM HELETON	ADDRESS					
18. E872.4 CAUSE OF DEATH	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) Holding Skull Fauctures						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	***************************************					
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
(c)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7					
21A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB.  21B. PLACE OF INJURY (e.g., io or UNDERLYING DOR CONTRIB. about home, farm, fectory, street, office bldg., etc.)  1NJURY OCCUR?  1NJURY OCCUR?	give exact location) State Rt. 309					
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR? Talbot Co						
an. 30, 1951 4:30 A m. WHILE AT Y NOT WHILE AT WORK AT WORK	ed					
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry						
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses □, accident □, suicide □, homicide □, undetermined □.    23a. SIGNATURE   23b. CHIEF MEDICAL EXAMINER□   23c. DATE SIGNED						
ASSISTANT MEDICAL EXAMINER	43/51					
24a. BURIAL, CREMA. 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town TION, REMOVAL (Specify) 2-6-5-1 Stevens ville, Stevens ville,	Mor county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE Barton Bros. Center	ADDRESS - VILLE, Mal					
VS 151 N-803. 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1700					

T-260

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1106

ВІ	RTH NO.	1106		CERTIFICA	TE OF DEAT	H Registered	1.09. 11110	
	NAME OF D					2. DATE		
			Tucker				b. 3, 1951	
A.		City, Maryland			A. STATE	NCE (Where deceased lived. B. COUNTY	If institution: residence before admission	
B. HC	FULL NAME	OF (If not in hospi	ital or institut	ion, give street address		none		
	STITUTION	1527 Park A	venue	locatio	C. CITT OR TOWN	(If outside corporate lin	mits, write RURAL and give	
	10			life Yrs	Baltimore	SS (If rural, give location)	1-01	
	enoth of st	tay in Baltimore		Mos	JESS Desil			
5.		6. COLOR OR RACE	7. SINGLI	Day E. MARRIED.	8. DATE OF BIRTH	I Q ACE UP YOUNG	ff Under 1 Year   ff Under 24 Hours	
10	female	white	singl		March 20, I	.870   last birthday)	Months Days Hours Min.	
work	done during most of	CUPATION (Give kind of working life, even if retired	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	none				Baltimore,	_Baltimore, Md. U. S.		
13	. FATHER'S N				14. MOTHER'S MA			
1.5		W. Tucker			Hester Ar	m Jones		
(Yes	, was DECEASE	D EVER IN U. S. ARME (If yee, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
					Herbert Tuck	ter 1527 Park	Avenue	
	18. 33	2-X1		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	E OR CONDITION LEADING TO DEA	DIRECTLY	Que la	ent Embol	11 10		
	(This does heart failur	not mean the mode re, asthenia, etc. It me	of dying, e. g	A) UNION	iac untoc	uL .	4 acups,	
	injury or							
	ANTECEDENT CAUSES  (B) Lay kentensin T. arterio Celevris.							
S	DISEASES	OR CONDITIONS,	IF ANY. GIVIN	securin r. w	Chro desses	2		
Ē	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH	E DUE TO				
0				(c)	— A			
ERTIFICATION		n		7				
ER	OTHER SI	GNIFICANT COND TO THE DEATH, BUT	NOT RELATE	I-				
U		SEASE OR CONDITION						
4L	ISA. DATE OF	FOPERATION	198. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?	
EDICAL	21A. ACCIDI	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g.	io or   21c. WHERE D	YES NO		
MED	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  21b. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?							
	INJURY	Month) (Day) (Year		21E. INJURY OCCUR		INJURY OCCUR?		
h.			m. 1	WORK NOT WHILE				
	22. I hereby certify that I attended the deceased from O TIM 9, 1950, to 7et 3, 195/, the deceased alipe on Sec-3, 195/, and that death occurred at 7/5Pm., from the causes and on the d							
	23A. SIGNAT	URE	1	and that death occi	23B. ADDRESS	jiom the causes and on	23c. DATE, SIGNED	
	YV.	arry D.mc	Carty.	м. D.	37 W. Prestor	St.	2/5/195/	
24 TI0	A. BURIAL, C	REMA- 24B. DATE	12	24c. NAME of CEMET	ERY OR CREMATORY	240. LOCATION (City, tow	vn, or county) (State)	
	burial	2/6/51		Loudon Park		Baltimore, Md.		
	TE RECEIVED		'S SIGNATU	RE	25. FUNERAL DIRE	CTOR	ADDRESS	
		10-19	di for	- Williams Ma	John O. Mitch	ell & Sons, Inc.	-1900 Eutaw Pl.	
	VS-1505	- 1531	100 m		10015 Mate	ttell		
			-	grant g	0001	1 0 0	830	
					legal and		0 0 100	

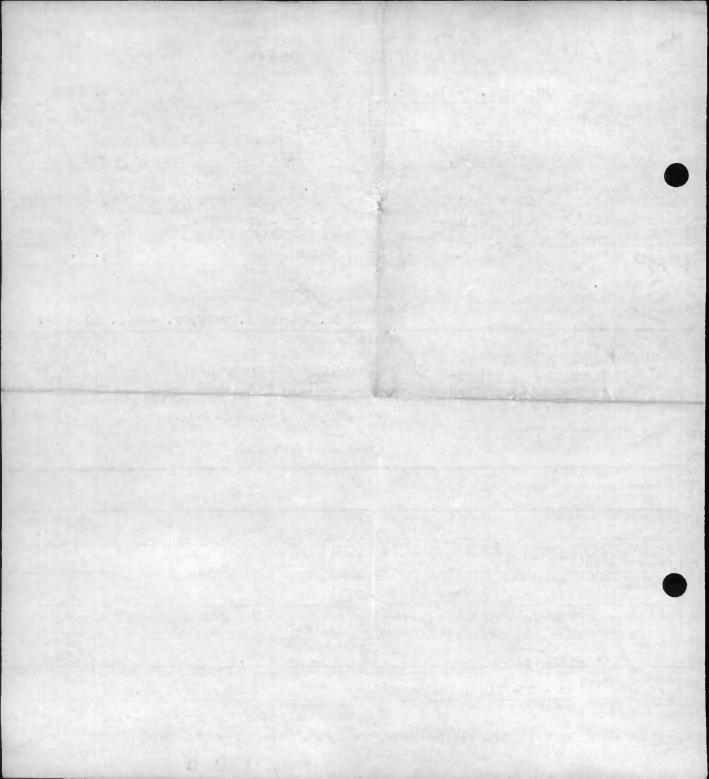


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C	51	1107

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1107

В	RTH NO.				CERTIFICAT	E OF DEAT	П	B		
1. NAME OF DECEASED (Type or Print) August L. Ewald, Sr.						2. DATE. OF Feb. 4, 1951				
3. PLACE OF DEATH:  A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived. If institution : residence			: residence ore admission		
B. FULL NAME OF (If not in hospital or institution, give street address or					Maryland	1	none			
	SPITAL OR	Edger	wood Nu	rsing I	Home location	C. CITT OR TOWN	C. CITT OR TOWN (II outside corporate limits, write RURAL an			RAL and give
	0	60	00 Bell	ona Av		Baltimore		/	2-40	township
c.	Length of s	tay in Ba	altimore		68 Yrs. Mos. Days	8 E. 39th		ve location)		
	SEX		RORRACE		E. MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTH		E (In years	II Under I Year Months: Days	If Under 24 Hours
	ale	white		wide	owed	5 - 22 - 6	8 82		and	Min.
worl	a. USUAL OC done during most abinet m	of working life,		retire	o of Business or ed industry employed	11. BIRTHPLACE (State or foreign country)  Germany  12. CITIZEN O U. WHAT COL			EN OF T COUNTRY	
13	August		ald			14. MOTHER'S MA	IDEN NAME			
15 (Ya	. WAS DECEAS	ED EVER IN	U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	17. INFORMANT ADDRESS			
(20	-, 20 01 4220 27	(** 300) 8.	evo war or queen	or service,	SECURITY NO.	Dr. August	L. Ewald, J	r 8	E. 39th	St.
	18. 47	0,1			CAUSE	OF DEATH			INTER	VAL BETWEEN
		SE OR CO	NOITION		P	-11			ONSET	AND OEATH
8	(This does not mean the mode of dying, e.g., (A) Coronary Wronbosco							1	5 mm	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
	ANTECEDENT CAUSES								4	
Z	March of a mountaine							340		
CATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)					True Schon	i. No	······		54ELD
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONDITION CAUSING IT.									
	194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPERA					RATION			20.	AUTOPSY?
A								YES	No V	
MEDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING   INJURY OCCUR?							location)		
2	O. TIME (Month) (Day) (Year) (Hour)   21s. INJURY OCCURRED   21s. HOW DID INJURY OCCUR?									
h	m. WHILE AT NOT WHILE AT WORK									
	22. I hereby certify that I attended the deceased from January, 1941, to Reb. 4, 1951, that I last saw the									
	deceased alive on Seb. 4, 1951. and that death occurred at 845 Pm., from the causes and on the date stated above									
	23A. SIGNATURE   23					6 E. Read S			23c. DA	TE SIGNED
24	A. BURIAL.	CREMA- 2	4B. DATE		24c. NAME OF CEMETE		24D. LOCATIO	N (City, to		
	on REMOVAL (S burial	pecity)	2 - 7 -	51	Parkwood		Baltimore	e, Md.		
	TE RECEIVE		EGISTRAR'S	SIGNATU	JRE	John O.Mitch	ECTOR		ADDRES	
=	FFR5-1	9511	16.00	A Second	A STANDARD MARKET	Mollen	B. Wito	tell		
	VS 150		99/44			,,,,	1		91	ta
		210	C. 11:11	1200 3	1015-7 13	101	100		1	

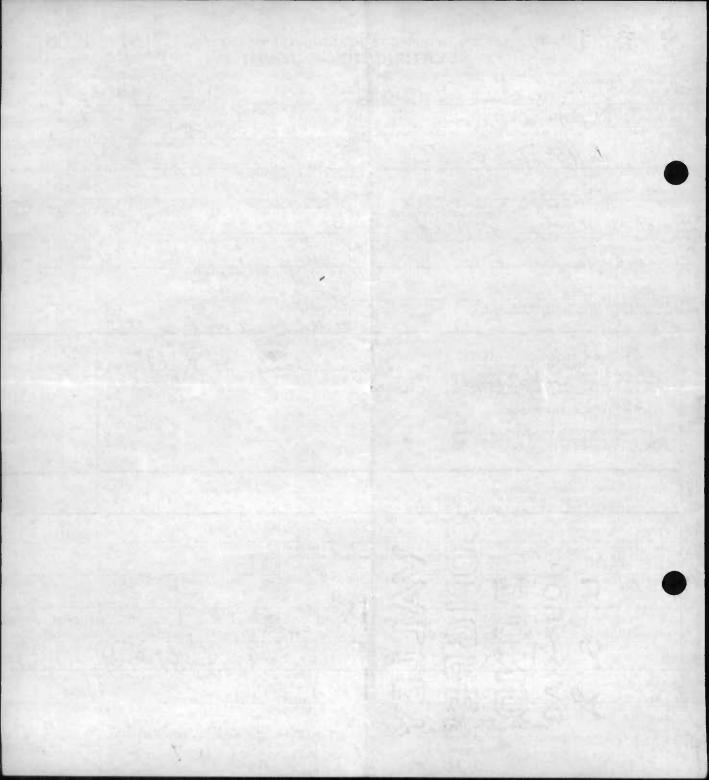


5-300

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1108 Registered No.

_							
1.	NAME OF Drype or Print)	DEGLASED.	Lee	Scient		2. DATE OF DEATH 24	-51
A.		City, Man land 64	15 Do	ver St	4. USUAL RESIDENCE		stitution: residence before admission)
H	FULL NAME OSPITAL OR	OF (II not in hospit	al or instituti	on, give street address or location)		outside corporate limits,	write RIIRAL and give
-	NSTITUTION	645 D	over	S.	Baltimue	22-	02 township)
1				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	Length of s	tay in Baltimore	3 CINCLE	Days MARRIED.	8. DATE OF BIRTH	T a see see see see	
Í	Temale	Colored	mar	ED, DIVORCED (Specify)	3-15-1884	9. AGE (In years last birthday) 66	nder I Year H Under 24 Hours ths Days Hours Min.
wor.	NA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?
2	Youse 1	Vike			maryland.	2	USA
13	3. FATHER'S	NAME		- HILLS Select	14. MOTHER'S MAIDEN NA	AME	
	Junken	nu-			Bertha Lee		
(Ye	5. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
	No			0200.1111 110.	William Scott 64	5 Dover Street	4
	18. /5	4 X		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY	1 -	- 13. A	Rations	PAND DEATH
	(This does	not mean the mode o	of dying, e. g	, (A) TOO	successions of	// ecam	<u>`</u>
	injury or	re, asthenia, etc. It mea complication which c	aused death.	) DUE TO	U		
		ANTECEDENT CAUS	SES				
Z	(8)						
01	RISE TO T	OR CONDITIONS, IN	STATING TH	G E DUE TO			
Y	UNDERLY	ING CONDITION LA	ST.	(C)	***************************************	******	
F							
ERT	OTHER S	II SIGNIFICANT CONDI	TIONS CON				
CE		TO THE DEATH, BUT					
,				FINDINGS OF OPER	ATION		20. AUTOPSY?
Y							YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)							ve exact location)
2		(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY		m. W	HILE AT NOT WHILE			
	22 I haush				W.1 451/70)	1. 1 5	1
deceased alive on that I attended the deceased from the coursed at 7459m., from the courses							that I last saw the
	23A. SIGNA				3B. ADDRESS	te conses and on the	23c. DATE SIGNED
		Yr	19	mount	403 MM	Laarbu	VG 2/4.51
2	4A. BURIAL.	CREMA- 248. DATE	113	4d. NAME OF CEMETE	RY OF CREMATORY   240. LC	OCATION (City, town, o	r dounty) (State)
1	ON, REMOVAL (S	10-8-1	951	murt Ruly	m. B. The Ball	Time Col.	and.
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATU	NE	25. FUNERAL DIRECTOR	umme cery	ADDRESS
L.C	OCAL REGIST	RAR Fluit	intont	Miarera sem	Joseph a Lew	il 1 Mills	Pane et
5	- 195]	2 10 40	3	//	for a very	1661AEX	www.
	.0 130	" 1 " 1	1		0 1 0 3 1	NI	460



6-636 BIRTH NO. 51. 1109

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1109

1. NAME OF DECEASED (Type or Print) HARVEY CART	TER 2. DATE OF Feb. 2, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
HOSPITAL OR location) INSTITUTION Franklin Square Hopsital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 10 0 6
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE MARRIED.	1019 Sarah Ann St.
WIDOWED, DIVORCED (Specify)	
Male Colored Sangle 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11.BIRTHPLACE (State or foreign country) 12. CITIZEN OF
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
0 = 0 0 t	11 1+ 11
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Harriell Jones V
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Pail - of
NO	(deth Carter 13259). Saraloga St
18. 477./ 1 CAUSE	OF DEATH
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) Bronch	
heart failure, asthenia, etc. It means the disease,	opneumonia
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	osclerotic Cardiovascular Disease
Z DISEASES OR CONDITIONS, IF ANY, GIVING	TOCTET MOTO MOTOTON ABOUTET PISCUSE
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194 DATE OF OPERATION 1 198, MAJOR FINDINGS OF OPER	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7
7	YES NO X
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, etreet, office bldg., UTING CAUSE OF DEATH.	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY	21F. HOW DID INJURY OCCUR?
m. WORK AT WORK	
22. I certify that I took charge of the remains described of	above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural cause	s $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
234 SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED
24A. BURIAL, CREMA-1 24B, DATE 124C. NAME OF CEMETE	A.D.   MEDICAL INVESTIGATOR     Feb. 3, 1951 ERY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) 2-8- 5/	O to D It I D I
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	and a Religion of the
EBS-1951 Turtuster Miliana Ma	Joseph a. Lively 6190 Same sight
VS 151	// // 431)

E -	610	
0	51.	1110
BIRTH NO.		

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1110

Registered No ... 1. NAME OF DECEASED 2. DATE. (Type or Print) THOMAS L. EARP Feb. 3, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4623 Schenley Rd. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 4623 Schenley Rd. c. Length of stay in Baltimore 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Daya male white single Mar. 20, 1871 IOA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired WHAT COUNTRY? Salesman Insurance Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Earp Frances 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) Mr. Martin T. Firor - 4623 Schenley Rd. no 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH arterior schlerosis, generalized (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Secondary, diverticuli of the sigmoid CERTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL none YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH no injury or accident D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATT WORK 22. I hereby certify that I attended the deceased from Dec. 1949 1951, that I last saw the Feb 3 19\_\_\_\_ to\_ 51 and that death occurred at 6:45Pm., from the causes and on the date stated above. deceased alive on Fob. 3 23B. ADDRESS 23C ATE SIGNED 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24 DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial St. John's Cem. Ellicott City, Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR rekner Hono

Hugh J. Welet

DESIGNATION OF STREET

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C. S. Carlotte Street, C. C.

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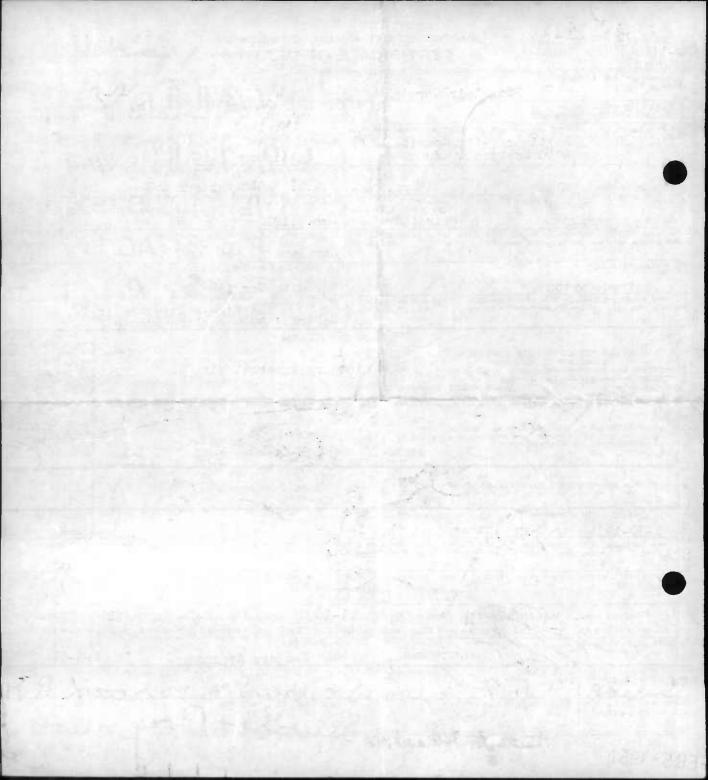
C-65-211

EB5-1951

#### BALTIMORE CITY HEALTH DEPARTMENT

.51 .1111

	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.	
	NAME OF C	DECEASEO				12 0175		
	Type or Print)		Sinclai	rCornish		OF OEATH 2-	2-51	
A.		City, Maryland			4. USUAL RESIDENCE (V		f institution	: residence ore admission)
H	FULL NAME OSPITAL OR NSTITUTION	Baltimor 4940 Eas	e City	ion, give street address or Hospitals (cation)		outside corporate lim	its, write RU	RAL and give township)
C	. Length of s	stay in Baltimore		21 Yrs. Mos. Days	B.C.H. 4940 Eas			
5	.sex Male	6.COLOR OR RACE	WIDOW	e, Married, Ved, Divorced (Specify) eparated	B. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Year Ionths Days	H Under 24 Hours Hours Min.
1C	DA. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10s. KING	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZ WHAT	EN OF COUNTRY?
13	3. FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME		
	Andre	w Payton			Edith Cornish	ALL WE		
(Ye	5. WAS DECEAS es, no or unknown)	ED EVER IN U. S. ARMEE (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	Records: 4940 Ea		appress	
	OISEAS (This does heart failt	SE OR CONDITION LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mea complication which of	TH f dying, e.g ns the diseas	e. (A) Pulm	OF DEATH Onary Tuberculosi		ONSET	AND DEATH
CERTIFICATION	OTHER S TRIBUTING	SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA  II GIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	F ANY, GIVIN STATING TH ST, TIONS CON NOT RELATE CAUSING I	(C)				
۲		21		FINDINGS OF OPER			20. A	AUTOPSY?
<b>IEDICAL</b>	1-30-1 21A. ACCIE LYING OF CAUSE OF	ENT WAS UNDER-	218. PLA	Spinal Cord Le ACE OF INJURY (e.g., in form, factory, street, office bldg., e	or   21c. WHERE DID (I	f in Baltimore City,	give exact	
2	ID. TIME	(Month) (Day) (Year)		21E. INJURY OCCURRI		OCCUR?		
	deceased a		ended the , 19 51.	deceased fromand that death occur	1-16, 1948 to red at 8 p m., from t	2 <b>-2-</b> , 19 <b>5</b> he causes and on	1. that I le the date st	ast saw the ated above.
	23A. SIGNA	4.8.	Ch	genno.	38. ADDRESS 4940 Eastern Aven		2-5-5	TE SIGNED
T.	ATE RECEIVE OCAL REGIST	D BY   REGISTRAR	7	Simons	25. FÜNERAL DIRECTOR	ocation (City, town	ADDRESS	R T
_	VS 150		to the	Miliama M.E.	Horne	1204	nev	m
8	35-1951	1000		Seat to Care of the	201 Wach	4,- 1	nush	nd Ard



LOCAL REGISTRAR

## BALTIMORE CITY HEALTH DEPARTMENT

51 1112

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STAT before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR (If outside corporate limits, write RURAL and give INSTITUTION Timone ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (in years If Under I Year last birthday) Months: Days Hours: Min. WIGOW 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Jeonsenje 13. FATHER'S NAME War Jusia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) SECURITY NO. 18. NTERVAL BETWEEN CAUSE OF DEATH 260 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from \_\_\_\_\_ deceased alive on\_ and that death occurred at a.m., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA TION, REMOVAL Specify 24B. DATE 24C. NAM DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

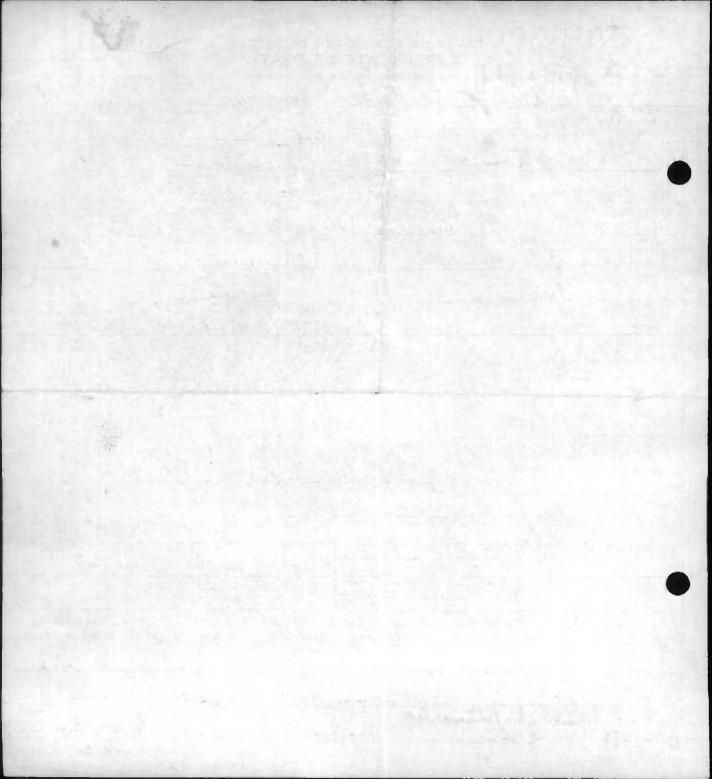
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NA- 125		
51 110	RE CITY HEALTH DEPARTMENT	51 1113 Registered No.
1. NAME OF DECEASED (Type or Print)  JOSE DAINE JUZIE	= MARCINKAVICIENA	2. DATE OF DEATH 2 2 - 1-1
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W	There deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION 38 Holling 48.	1	outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore	7 Yrs.  Mos. Days  D. STREET ADDRESS OF	Cleur H.
5. SEX 6. COLOR OR RACE 7. SINGLE, MAR WIPOWED DIT		9. AGE (in years last birthday)  Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done) fring most of working life, even it retired)  Harvee	USINESS OF INDUSTRY  INDUSTRY  INDUSTRY	reign country) 12. GITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME
Yes, no or unknown) (If yes, give war or dates of service) S	OCIAL ECURITY NO. 17 INFORMANT Jacobs	itis 83. Hollus H
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH  (A)  WE TO	PHOOF INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUNDERLYING CONDITION LAST.	(B) Hirombosis	Topleteal 1 year
TOTHER SIGNIFICANT CONDITIONS CON-	(c) Demalesta (	trterioselerosis years
19a. DATE OF OPERATION   19b. MAJOR FIND	INGS OF OPERATION	20. AUTOPSY?
	INJURY (e. g., in or 2ic. WHERE DID (I pry, street, office bldg., etc.) INJURY OCCUR?	f in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. IN FINJURY WHILE AT m. WORK	JURY OCCURRED 21F. HOW DID INJURY	COCCUR?
22 I haraha contifu that I attended the decore	Pa l	It > 105/ that I last gay the

and that death occurred at 12 10 fm., from the causes and on the date stated above. deceased alive on\_ 23B. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE

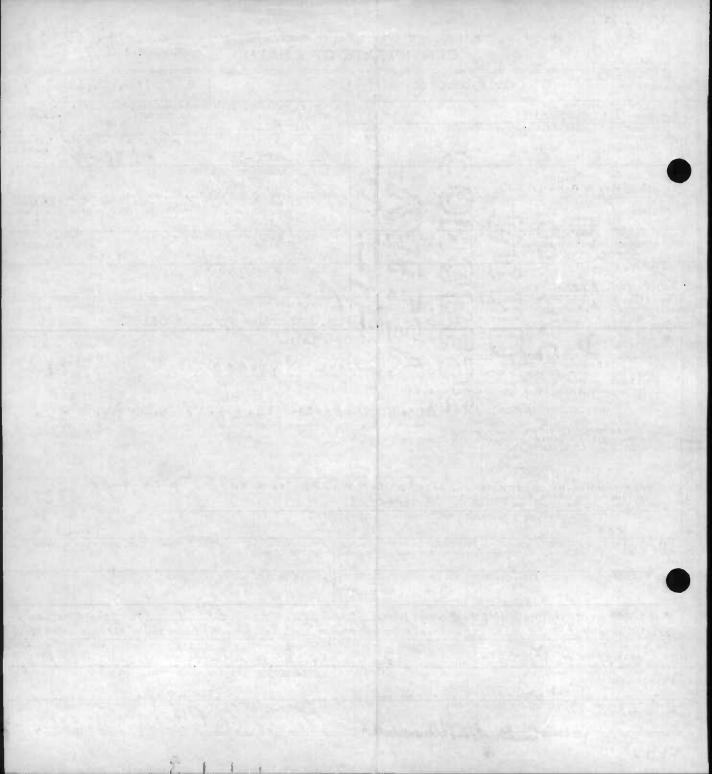
24A. BURIAL, CREMA-TION, REMOVAL (Specify) FUNERAL DIRECTOR



# CERTIFICATE OF DEATH

51 1114
Registered No.

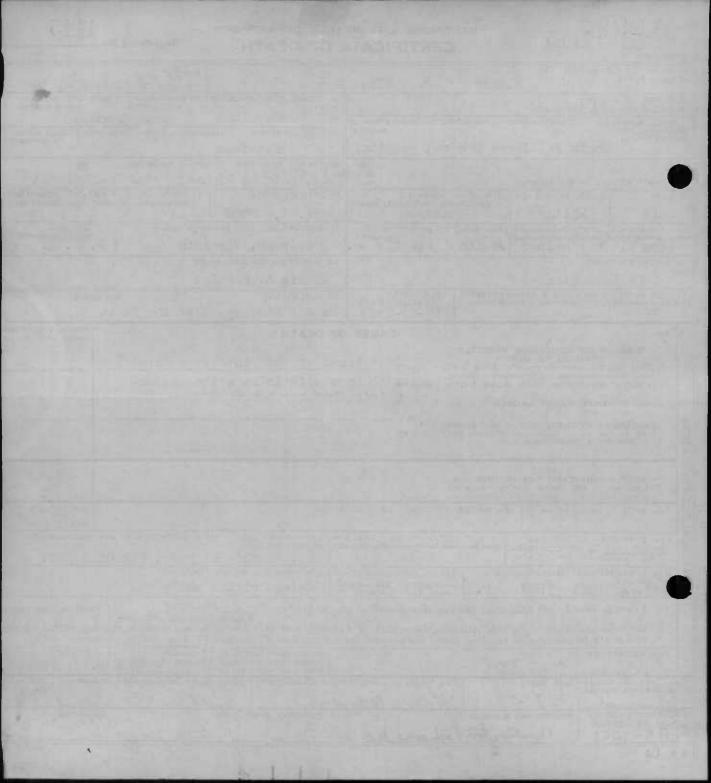
B	RTH NO.			OERTH 10, TI						
	NAME OF D 'ype or Print)	ECEASED Casir	nir Ryba	arczyk			2. DATE Fek	,4th,	,1951	
A.		City, Maryland			A. STATE	00.0	nere deceased lived. B. COUNTY	If institu	tion: reside before adm	nce nission)
H	FULL NAME OSPITAL OR ISTITUTION	Home	al or institut	ion, give street address or location)	c. CITY OR TO Baltimo	WN (If o	outside corporate li	nits, writ		nd give
c.	Length of s	tay in Baltimore	60 year	Yrs. Mos. Days	2220 Ess		ural, give location)			
	sex Male	6.COLOR OR RACE White	7. SINGLE	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BI	RTH	9. AGE (In years last birthday) ?? 80	II Under I Months: I		24 Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired) Vedore	10B. KINE		11. BIRTHPLAC				ITIZEN OF VHAT COU	
13	Jacob Ry		=47 16		14. MOTHER'S	MAIDEN NAI	ME			
15 (Ye		D EVER IN U. S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY NO. 220-09-0438	17. INFORMAN		nisz 511 S	ADDRES		
ERTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (A)  HRONIC MY UCA  (B)  DUE TO							Dis.	TERVAL BE	
CEF	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	T. HEMIPLEGIA					3 2 ;	7
DICAL	A 21A. ACCIDE	NT, SUICIDE,	218. PLA	FINDINGS OF OPER	n or   21c. WHER	E DID (If	in Baltimore City			VO V
MED	22. I hereb		(Hour) m.	and that death occur	ED 21F. HOW I	50, to Fe	occur?  L 4, 19. e causes and on	the dat		above.
24 TIO	Burial (S	REMA- pecify) Feb,8-1		St. Stanislaus			CATION (City, tow	vn, or cou	1/ -/ 0	State)
	ATE RECEIVED	D BY REGISTRAR'			25. FUNEBAL D		Weber	705	A am	4 4°
1	ELLA	1 -	-					421	1	



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-	51	111	5
HTRIS	NO.	-A	-3

# CERTIFICATE OF DEATH S1 1115 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)  TOCEPH D CMANIEW  2. DATE OF D	. 30%3
JOSEPH D. STANLEY DEATH Febr	uary 4, 1951
A. Baltimore City, Maryland B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR  Maryland Anne Art location  C. CITY OR TOWN (If outside corporate limits	
South Baltimore General Hospital Pasadena	township
Yrs. D. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore Days Gov. Ritchie Highway, near Days	og Kennell
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years I last birthday) Mo	Under 1 Year H Under 24 Hours nths Days Hours Min.
Male   White   Married Oct. 8, 1906   43	
work done during most of working life, even if retired)  Dye cleaner helper National Plastic Co.    National Plastic Co.   Beaverdam, Virginia   Co.	U. S. A.
	U. S. A.
13. FATHER'S NAME	
Wallace Stanley Willie A. Perkins  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17. INFORMANT AND ADDRESS AND ADD	
(Yes, no or unknown) (If yes, givo war or dates of service) 16. SOCIAL SECURITY NO. 219-03-2513 Dallas Stanley, Glen Burnie	DDRESS P A
	INTERVAL BETWEEN
18. CAUSE OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Stab wound of back involving chest and the mode of dying, e.g., (A) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying, e.g., (B) Stab wound of back involving chest and the mode of dying c	nd
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	*******
intrathoracic hemorrhage	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
is a mass of station	YES X NO
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or UNDERLYING IX OR CONTRIB. about home, farm, factory, street, office bidg., etc.)  Home  21C. WHERE DID (If in Baltimore City, grant or Injury occur?  WHOME GOV. Ritchie Highway, Pasac	
UNDERLYING IX OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  Home Gov. Ritchie Highway, Pasac	dena. Md.
2 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
Feb. 4, 1951 3:00 Pen. WHILE AT NOT WHILE X Stabbed with a knife	
22. I certify that I took charge of the remains described above, held an Autopsy	_ thereon and from
Autopsy, Inspection or Inquiry, find that said deceased died on th	e day stated above
and death in my opinion resulted from: natural causes $\Box$ , accident $\Box$ , suicide $\Box$ , homicide $\overline{\mathbf{x}}$ , $u$	ndetermined [].
	eb. 5, 1951
244 BURIAL CREMA- 246 DATE 24C, NAME OF CEMETERY OR CREMATORY 240 CATION (City down, TION, REMOVAL (Specify)	or county) (State)
Durial 7/1/5/ Stantaven Allen de	sand, The
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR  FEB 5 - 1951	ADDRESS
V S 151	1 mai
N-869.2 1 1 1 1 1 1 1 69	

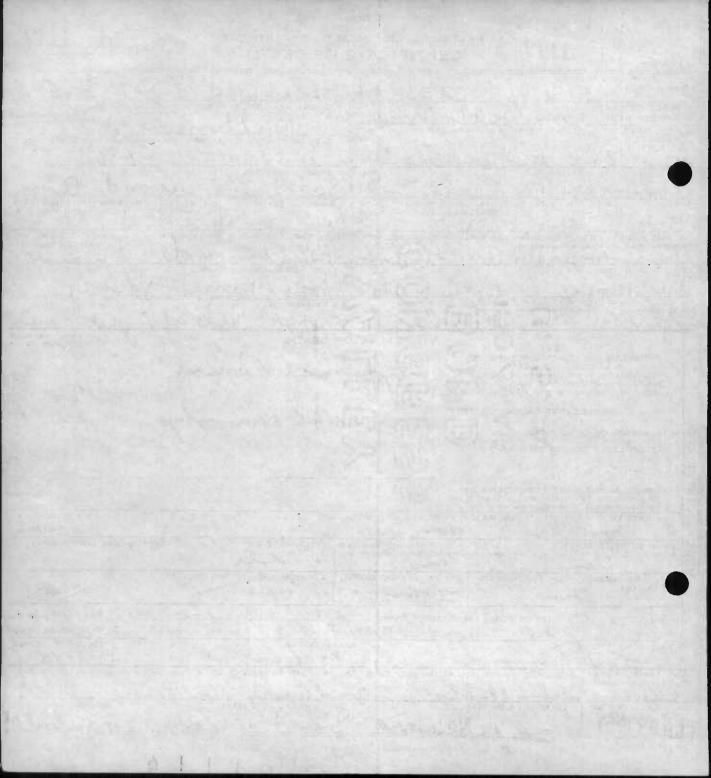


### BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.51	1116		CERTIFICAT	E OF DEATH	Registered N	0
	NAME OF D'ype or Print)	DECEASED	Luc	neuget	aner	OF DEATH Fel.	4-1951
Α.		City, Maryland4	o1 Kre	unlow rd	4. USUAL RESIDENCE (V	Where deceased lived, If i	nstitution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (11 not in nospit	ar or instituti	on, give street address or location)	c. CITY OR TOWN (If	outside corporate limits	, write RURAL and give
0	0			N-	D. STREET ADDRESS (If		-14 C C
C	Langth of s	stay in Baltimore		? Yrs. Mos.	401 Green	0	(weenself and
	SEX	6. COLOR OR RACE		Days MARRIED.	8. DATE OF BIRTH	9. AGE (In years #	Under 1 Year   Il Under 24 Hours
12	male	White	mar	ED, DIVORCED (Specify)	Och. 23-1914	36	nths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country;	12. CITIZEN OF WHAT COUNTRY
V	Arusei	victa	at.	Horne	Viegma		4.5.
13	FATHER'S	NAME		1-	14. MOTHER'S MAIDEN N.		
15	WAS DECEAS	ED EVER IN U. S. ARME	D ECRCES?	I 16. SOCIAL	manow		
	a, no or unkoowo)			SECURITY NO.	17. INFORMANT	AL AL	DDRESS 401
_	18. / -			CAUSE	OF DEATH	agerance	INTERVAL BETWEEN
	1 /	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH	, (A) Jac	cenamator	us E	Jan 31 51
		ure, asthenia, etc. It mes complication which			unary blace	kage	
		ANTECEDENT CAU	SES	0			J.1 '
ZO	DISFASE	s or conditions.	IF ANY GIVIN	(B)ac	inoma / Ce	wy	026 50
Ě	RISE TO	THE ABOVE CAUSE (A)	STATING TH		0		
IC.							
RTIF		11	ITIONS				
ER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	-D			
ī				FINDINGS OF OPE	RATION - Care	norma of cermix	20. AUTOPSY?
CAI	210014	50.	nep	discourse		Carcinona	YES NO
EDI	HOMICIDE	ENT, SUICIDE, (Specify)	about home, f	arm, factory, street, office bldg.	in or 21c. WHERE DID (),etc.) INJURY OCCUR?	lf in Baltimore City, g	ive exact location)
2		(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJUR	Y OCCUR?	
	F INJURY		m.	WHILE AT NOT WHILE		fr. 3.23 173.	
	22. I herel	by certify that I at	tended the	deceased from Te	1 2 , 1950, to	et 4 , 1957	that I last saw th
	deceased a	live on the	_, 195/.	and that death occu	rred at 224 m., from t	the causes and on th	
	23A. SIGNA	Mans	fuela		23B. ADDRESS 446. Beddle St.	Belts / med	FAS 5
	4A. BURIAL.	CREMA- 248. DATE		24c. NAME OF CEMETI	ERY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
X	ON, REMOVAL (	2 - 7	51	Loudow 6	Pack Cew Ba	etimone.	mal
D	ATE RECEIVE	D BY REGISTRAR	'S SIGNATU	RE	25. FUNERAL DIRECTOR	A **	ADDRESS
2.5	D. (10)	EAT A	1-1	Winne Mill	Seo. X. Beyer	Jr 1512/4	ollins at
	D Vs 150	Ol. Lines	The state of the s			Balb. 2.	3 mal
		1. 6. 04			10001	1   5	48a

THE SHOOT AT THE SHOEL AND THE SHOP SHOP AND and the same of the same In anapachol

- 27.5 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ZCZESNIAK (SZCZEINAK) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) more B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. SLTY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED. WIDOWED DIVORCED (Specify) If Under 1 Year If Under 24 Hours 5. SEX 9. AGE (In years) 7. SINGLE. last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR ARTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' levator operator 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S ARMED FORCES (Yes, no or unknown) (If yes, give war ondates of service) 16. SOCIAL SECURITY NO -03-0858 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Cerebral Hemmontage ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES TOTAL 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (o. g., in or shout home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY un WHILE AT WORK 22. I hereby certify that I attended the deceased from 2 -3-51, 19, to 2 -3-51, 19, that I last saw the deceased alive on 2-3-51, 19, and that death occurred at 10 4. m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY Burral Cemelen DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE OCAL REGISTRAR hn VS 150



(Specify)

21A. ACCIDENT, SUICIDE,

21B. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

ID. TIME (Month) (Day) (Year) (Hour) WHILE AT

WORK AT WORK

22. I hereby certify that I attended the deceased from\_ deceased alive on 1-27

23A. SIGNATURE

, 19 5%, and that death occurred at 4

24c. NAME OF CEMETERY OR CREMATOR

The second section of the second seco

23B. ADDRESS 24D. LOCATION (City, town, or county)

19.5/to\_

21F. HOW DID INJURY OCCUR?

\_\_ . 19 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 1-29-31

(If in Baltimore City, give exact location)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

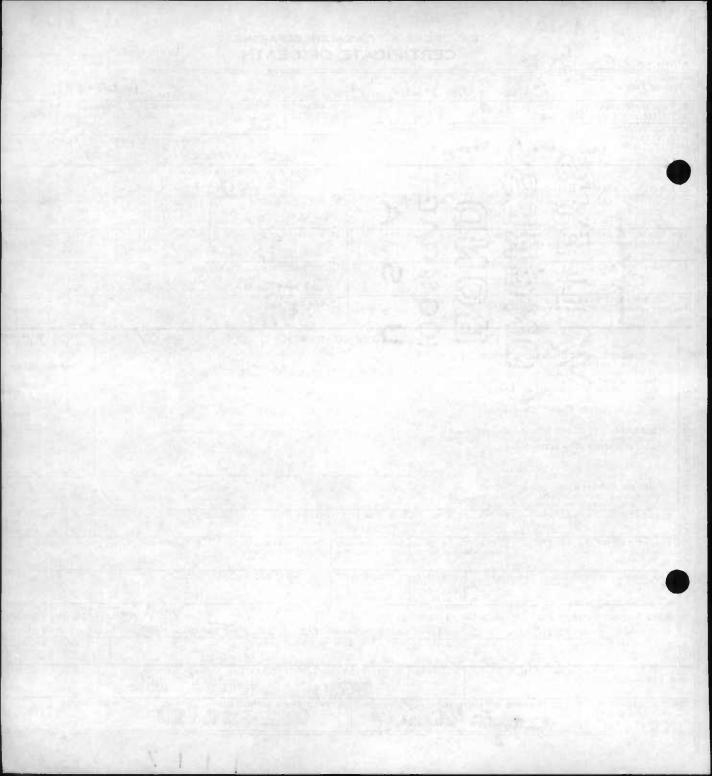
ADDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

HOMICIDE



25. FUNERAL DIRECTOR

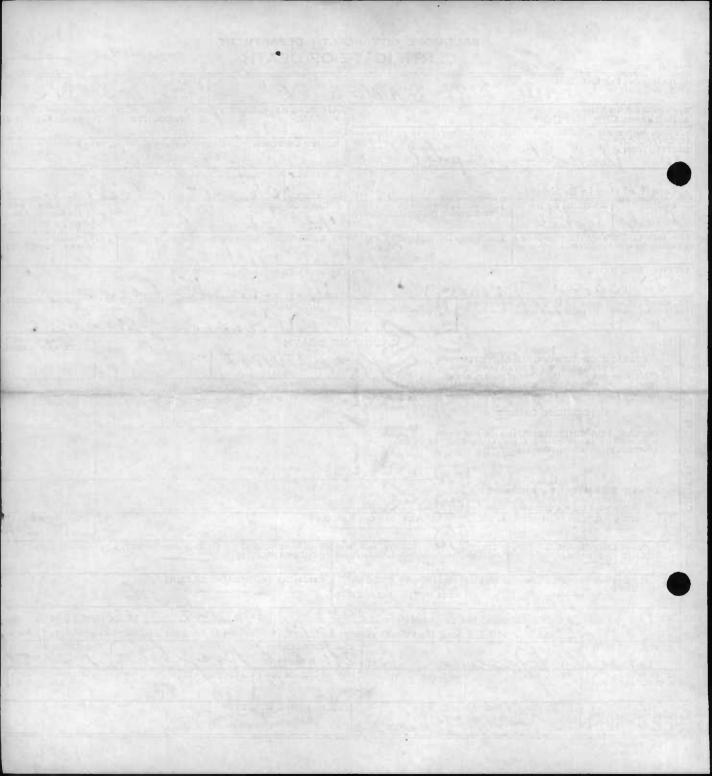
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DATE RECEIVED BY

REGISTRAR'S SIGNATURE

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ADDRESS



#### BALTIMORE CITY HEALTH DEPARTMENT

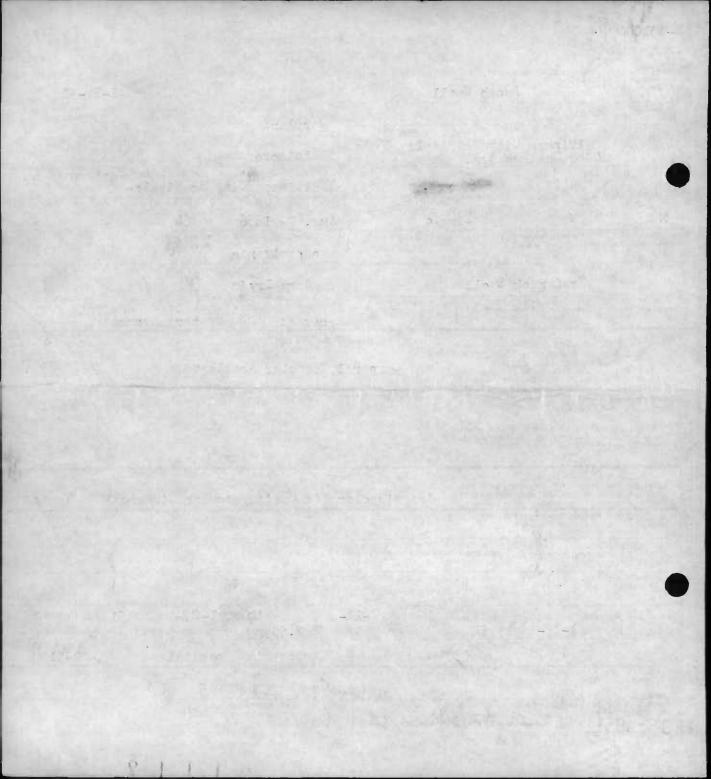
51 1120

	3-10			CERTIFICAT	E OF DEATH	Registered	No.
-	IRTH NO.						
(7	NAME OF E		acob Sr	nell		2. DATE OF DEATH	1-27-51
		City, Maryland			4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived, I	f institution: residence before admission
	FULL NAME OSPITAL OR NSTITUTION	Baltimore C 4940 Easter	ity Hos	tion, give street address or location)			ts, write RURAL and give township
7		4940 Paster	n Ave.	Yrs.	D. STREET ADDRESS	No HoME.	\ \
		tay in Baltimore		yrs. Mos. Days	Baltimore Cit	y Hospitals-	astern Ave.,
	M M	6. COLOR OR RACE	WIDOW	e, Married. ved, DIVORCED (Specify) ingle	Aug. 7- 1886	last birthday) M	onths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108. KINE	O OF BUSINESS OR INDUSTRY	Pennsylvania	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
		Freder ick	Snell		Mary Irvin		
1: (Ye	5. WAS DECEAS se, no or unknown)	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANTBalt: Records: 4940	more City Hos Eastern Avenu	presis
	18. 47	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION					
	(This does	not mean the mode oure, asthenia, ctc. It mea	f dying, e. g	c, (A) Cerebra	al Vascular Acci	dent	24 Hrs.
	injury or	complication which	aused death	L) DUE TO			
		ANTECEDENT CAUS	ES				
TION	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	(B)	***************************************		
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO			
FICA				(C)			
RTIF		11					
ER	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	ED Antoniogolo	erotic Cardiovas	milam Dianana	V
U		SEASE OR CONDITION				cutar Disease	Years
AL	ISA. DATE C	OF OPERATION O	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
DICAL	21A. ACCIE	ENT WAS UNDER-	21B. PL/	ACE OF INJURY (e. g., i	n or   21c. WHERE DID	(If in Baltimore City,	give exact location)
Ш		R CONTRIBUTING	about home,	farm, factory, street, office bldg., o	etc.) INJURY OCCUR?		
Σ	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?	
	MOOKI		m.	WHILE AT WORK			
1	22. I hereb	y certify that I att	ended the	deceased from 8-12	2- 19 49 to	1-27 19.5	1, that I last saw the
		live on 1-27-	, 1951	and that death occur	rred at 7.50 am, from	the eauses and on t	he date stated above
	23A. SIGNA	TURE	71/2	12	3B. ADDRESS 4940 Ba	stern Ave.	
-	4AL BURIAL.	CREMA- 248, DATE	CVO			ospitals	1-29-51
	ON, REMOVAL (S		0	Z4C. NAME OF CEMETE	RY OR CREMATORY 240	DE 1005	, or county) (State)
D	ATE RECEIVE	D BY   REGISTRAR	SSIGNATE	JOHN HO	AND AFTER SUBJECT	ileei e d	ADDRESS
L	OCAL REGIST	BAR	SIGNAT	Williams MB	25. FUNERAL DIRECTO	Health	ADDRESS
上	FRP-12	OI UMAN	what!	A CAMPAGE AND A STATE OF THE PARTY OF THE PA	OANTHITODYAFIAT AT	AS VIANUE	

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A 17 "



wa 601 N. Calhoun St. Feb. 5.1951 24A. BURIAL, CREMA-TION, REMOVAL (Specify) ATION (City, town, or county)

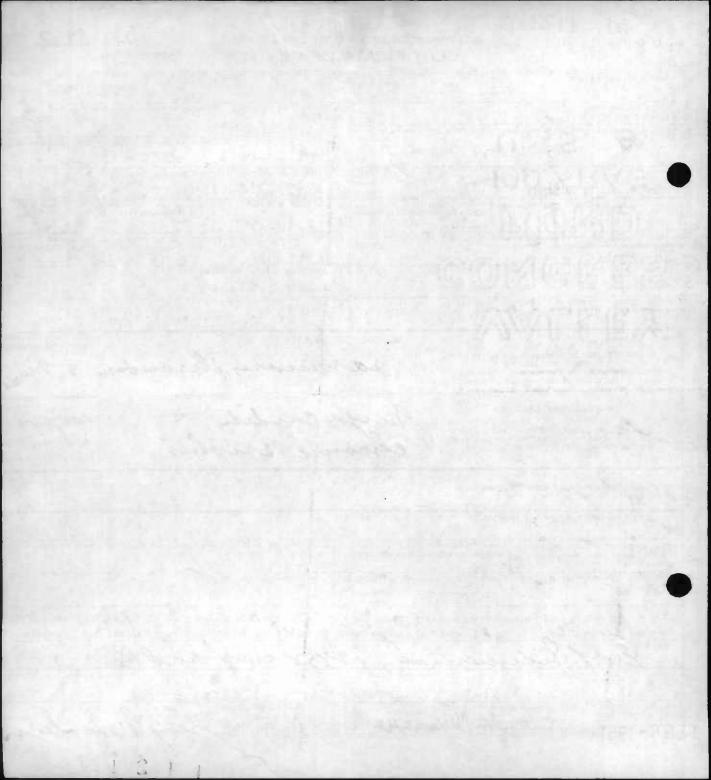
Quia DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNAT

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1122 Registered No.

BIRTH NO.				CERTIFICAT	E OF DEATH		
1. NAME O (Type or Pri		MIL	DRED	VERA SEWEI	L	2. DATE OF DEATH	0.3.1951
3. PLACE C					4. USUAL RESIDENCE	E (Where deceased lived. B. COUNTY	lf institution: residence before admission
B. FULL NA	ME OF	(If not in hospit	al or institu	tion, give street address o	1	(76 1 1 2	
INSTITUTIO		1745 Cl:	iftvie	ew Ave.	Baltimore	13	mits, write RURAL and give township
	1020	Land and	-	Yrs.	D. STREET ADDRESS		0
c. Length	of stay in	Baltimore	Life	Mos. Davs	77/15 0745	tview Ave.	
5. SEX	6. CO	LOR OR RACE		E, MARRIED, VED, DIVORCED (Specif;	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
Femal		hite	Marri	ed	Sept. 10. 190	3 47	Months Days Hours Min.
work dooe during	most of workio	ION (Give kind of g life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
HOUS 13. FATHER	ewife		1		Baltimore		USA
	D. H	enck			Della Dil		
		R IN U. S. ARMED	FORCES?	16. SOCIAL			
(Yes, no or uoko	own) (If y	es, give war or date	of service)	SECURITY NO.	17G'e SPERMENT 1745	Sewell Sr. ()	ADDRESS TUSDAND) Ave
18. 4	1120.	1	P. E.	CAUSE	OF DEATH		INTERVAL BETWEEN
DIS		CONDITION		(6	A	70	
heart	does not m failure, asth	ean the mode o	f dying, e. ns the diseas	se.	rundy	flerous	are 3 may
injury	or compli	cation which c	aused deatl				
_	ANTE	CEDENT CAUS	ES	Than	la Our Si	1- +	102.
DISE		ONDITIONS, II		NG (B)		15	jes
UNDE		OVE CAUSE (A)		elh	socialis	ghis	
OTHE TRIBU				(6)			
OTHE		II ICANT CONDI					
U TO TH		OR CONDITION					
19A. DA	TE OF OPE	RATION 0 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. AC LYINGE	CIDENT	/AS UNDER	2 18 PI	ACE OF INJURY (e. g.,	in or   21c. WHERE DID	(If in Raltimore City	yes No yes, give exact location)
Z CAOSE	OR CON	TRIBUTING	about home,	farm, factory, street, office bldg		(11 in Datemore City	, give exact location)
ID. TIM		(Day) (Year)	(Hour)	21E. INJURY OCCUR		JURY OCCUR?	
			m.	WORK NOT WHILE AT WORK			
22. I he	ereby cert	ify that I att	ended the	deceased from	in 5., 1941, to	FEA. 3, 19	II, that I last saw th
decease	d alive on	750	. 19.5-(.	and that death occi	rred at 6.30 Pm., fro	m the causes and on	
1	Cro-		me	rue am. D.	2858 Ha	Hard 1	
TION REMOVE Buri	AL (Specify)	Feb.6.]	951	Baltimore C		eltimore Md.	vn, or county) (State)
DATE RECE		REGISTRAR			25. FUNERAL DIRECT		ADDRESS
FERS-	1951	Tuntte	-etter!	blicatio, Ala	HENRY SANDER	de Sens. IN	: Hander
VS 15	1001		0	Company are the		/ /	10.0
			p fo		- 10/	0,40	1/3/12
5 C C C C C C C C C C C C C C C C C C C		Ye=		1		6.4	



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ILLIAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR PROVIDENT C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore ot. D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days St. Salem 5. SEX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) March 1,1948 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Maryland Mone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Queen Audre'v Crowner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. M's Audrey Queen 2517 Salem St. 18. INTERVAL BETWEEN CAUSE OF DEATH 525 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Interstitial pneumonitis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING ERTIFICATION RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK

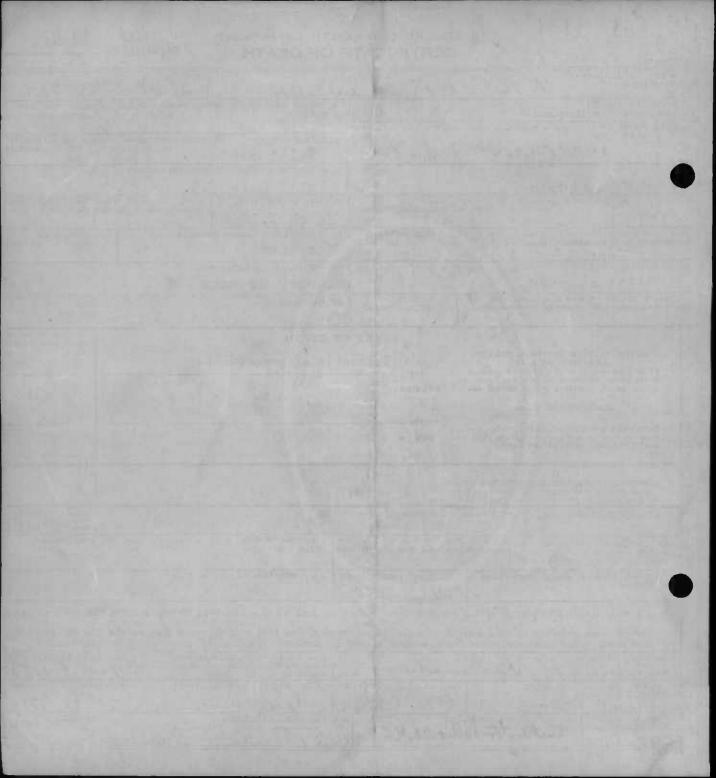
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection of Inquiry Just thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes 🗵, accident 🗆, suicide 🗖, homicide 🗖, undetermined 🗀. 23B. CHIEF MEDICAL EXAMINER .....

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR ...

BURIAL, CREMA-248. DATE 24c. NAME OF CEMETERY OR CREMATORY 2AD. LOCATION (City, town, or county) THEN REMOVAL (Specify)

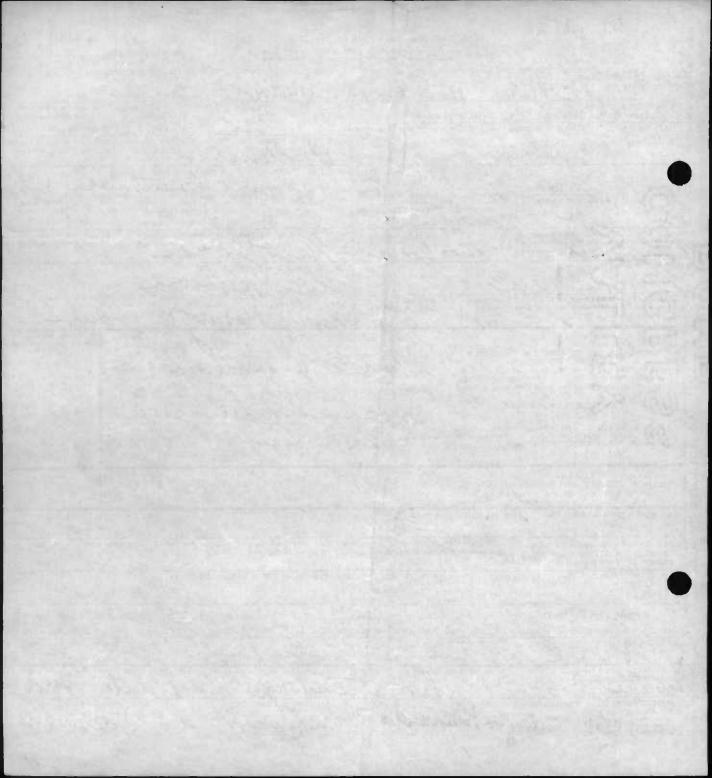
0 DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1124 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MEYER HOROW	17 Z (HORWITZ) 2. DATE OF DEATH 2-5-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland Sunair Koafa	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. CQUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address	
HOSPITAL OR location	c. CITTOR TOWN (If outside corporate limits, write RURAL and give township)
Iv sevar Konp.	bullinors
Yr.	
c. Length of stay in Baltimore	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years   If Under 1 Year   If Under 24 Hours
N WIDOWED BIVORGED (Spec	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
rork done during most of working life even if retired) . INDUST	
13. FATHER'S NAME	Them to as
13. PAIRER'S NAME	14. MOTHER'S MAIDEN NAME
not moure	not smown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL [Yes, no or unknown] (If yes, give war or dates of service) SECURITY NO	12/INFORMANT // . ADDRESS
(11 Yes, give war or dates of service) SECURITY NO	Stannie Horunts - Baure
18. 1/a CAUSI	OF DEATH
4 20,0	E OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tom it lit
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	I Mysessell infarcion
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	+ . 4
z (B) fyle	elevant arterior lesotre
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1
UNDERLYING CONDITION LAST.	er Toleslash
(C)	
	Middle Control of the
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OP	ERATION   20. AUTOPSY?
N	YES NO
21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (6.	g, in or   21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office blow CAUSE OF DEATH	Ig.,etc.) INJURY OCCUR?
O. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUP	RRED 21F, HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WH	그림에 가는 사이를 가지하는 것이 없는 사람들이 가지 않아 이렇게 보고 하셨다.
m. WORK AT WOR	
22. I hereby certify that I attended the deceased from	2-4-51, 19 , to 2-5 , 195 Sthat I last saw the
	curred at 6 m., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS . // / 23C. DATE SIGNED
1 News Coleman M. D.	Since Jack. 1 2-5-57
24M BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEME	TERY OR CREMATORY   240. LOCATION (90), town, or county) (State)
TION, REMOVAL (Specify)	Trigued sheet that The
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	1/25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	PO PONERS PORCES PO
FEB 6 = 1951 Tunto 74 / 1844 and 1944	HURSEWISHE 2100 GULGUS 12
VS 150	



51. 1125

#### WANZER

BALTIMORE CITY HEALTH DEPARTMENT

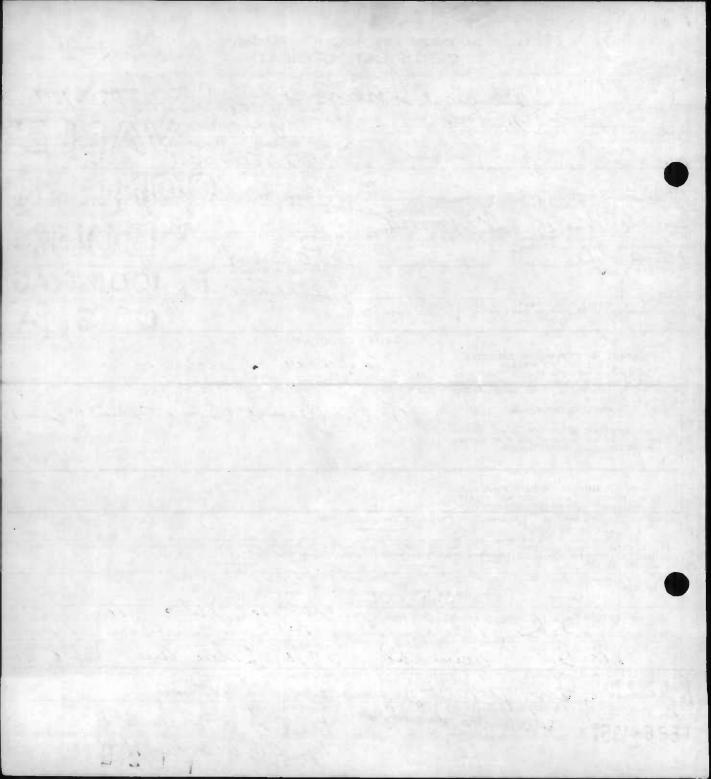
51. 1125

В	IRTH NO.	CHARLES .	CERTIFICAT	E OF DEATH	Registered	No
1.	NAME OF DECEASED	1.e H	aviland V	Nanzer	2. DATE OF DEATH	4 5. 10.51
	PLACE OF DEATH: Baltimore City, Maryland	776	217702711		CE (Where deceased lived. I	If institution; residence before admission
B. H	FULL NAME OF (If not in hospi OSPITAL OR	tal or institu	tion, give street address or location)	ML	Baltu Ci	its, write RURAL and giv
II	4432 Ra.	spe. F	1 Ve	Balta	CITY 26	township
			Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
1 900	Length of stay in Baltimore		2.1/rS Days		Boe, Ave	
5	SEX 6. COLOR OR RACE	WIDOV	E. MARRIED, VED, DIVORCED (Specify)	1 10	9. AGE (In years last birthday)	Il Under 1 Year H Under 24 Hours fonths Days Hours Min
10	A. USUAL OCCUPATION (Givekindo	I 10B. KINI	O OF BUSINESS OR	March 22-18		1 12. CITIZEN OF
WOL	k done during most of working life, even If retired	OVI	INDUSTRY			WHAT COUNTRY
13	B. FATHER'S NAME	1 0411	11 11020	14. MOTHER'S MAID	EN NAME	1 42 3 74
	Andrew J. Ma	maho	N	Phebe. 4	aviland	
1! (Ye	5. WAS DECEASED EVER IN U.S. ARME se, no or unknown) (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	No		NONE	Mr. Wheeler	Nanzer. 4432-1	Paspe Ave
1	18. 331X 1		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION LEADING TO DEA	TH	('010	sal rem	onhace	1 days
	(This does not mean the mode heart failure, asthenia, etc. It me	ans the diseas	se.	/1		
	ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES					
NOIF	DISEASES OR CONDITIONS.	IF ANY, GIVI	(B)	as Colyman		
<	RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	STATING T	HE DUE TO			
TIFIC						
RTI	OTHER SIGNIFICANT COND	ITIONS CO	(C)			
S	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITIO	NOT RELAT	ŁD .	***************************************		
1			FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	21a. ACCIDENT, SUICIDE,	21s. PL	ACE OF INJURY (e.g., i	n or   21c, WHERE DID	(If in Baltimore City,	YES NO
EDI	HOMICIDE (Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(22 20.0	give chace location,
5	PID. TIME (Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID IN	NJURY OCCUR?	
	OF INJURY	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I at	tended the	deceased from	may , 1950,	to Fib. , 19.	57, that I last saw th
	deceased alive on Feb 4		and that death occur		rom the causes and on	the date stated above
	23A. SIGNATURE W.	Telle	M.D.	3023 G	aster ave.	23c. DATE SIGNED
	AA. BURIAL, CREMA. 24B. DATE ON, REMOVAL (Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 2	40. LOCATION (City, tow	n, or county) (State)
-	ATE RECEIVED BY I REGISTRAR	(	dualter Cem			CONN
L	ATE RECEIVED BY REGISTRAR	S SIGNATI	William Wall	25. FUNERAL DIREC		ADDRESS mel.
=	FEB 6 - 1951	Willy Mr	I Brandway 1/2	Lassalm Fun	eral Home 7401 B	relain Rd Belto Co
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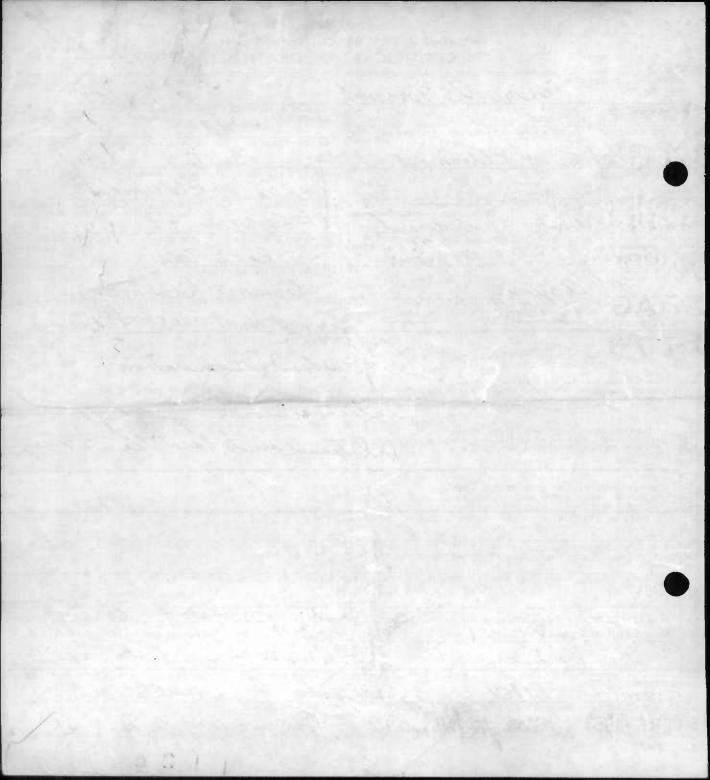
وا	20				JAWOR	5K1		
		51	1126		TIMORE CITY HE	EALTH DEPARTMENT	51. Registered No	1126
-	RTH NO.				OERTH TOAT	L OI BEATTI		
1. NAME OF DECEASED (Type or Print)						orski	2. DATE OF DEATH TU	3/51
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or								stitution: residence before admission)
HOSPITAL OR INSTITUTION (If not in nospital or institution, give street address or location)						C. CITY OF TOWN (If	outside corporate limits,	write RURAL and give township)
							nare 2-6	
c. Length of stay in Baltimore  Yrs. Mos. Days						303 0	mral, give location	R DU
SSEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)						8. DATE OF BIRTH		hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of the document of the docume						11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME						14. MOTHER'S MAIDEN N.	AME	
						Catherine	Grzyb.	
15 (Ye	. WAS DECEAS	ED EVER	IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	OO ADI	DRESS
CERTIFICATION	(This doe heart failting in jury or DISEASE RISE TO UNDERL	SE OR LEADI s not me ure, asthe complic ANTEC SOR CO THE ABOT YING CO	CONDITION NG TO DEAT an the mode or inia, etc. It me a cation which c EDENT CAUS ONDITIONS, 11 VE CAUSE (A) ONDITION LA  II CANT CONDITION E DEATH, BUT OR CONDITION OR CONDITION	'H f dying, e. g ns the disease aused death ES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) (B) (C) (C)	relexi da	elever	onset and death
U,	19A. DATE				FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL			- 0					YES NO
EDIC		R CONT	AS UNDER-		ACE OF INJURY (e. g., inform, factory, street, office bldg.,		If in Baltimore City, give	ve exact location)
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?							Y OCCUR?	
	NJURY			m.	WHILE AT NOT WHILE		\ /	
	22. I hereby certify that A attended the deceased from an 10, 190, to 2003, 194, that I last saw the deceased alive on 2003, 194, and that death occurred at 1725 m., from the causes and on the date stated above							
	23A. SIGNA		· leu	ne		3B. ADDRESS	en lue.	28C. DATE SIGNED
244 RURIAL CREMA, 245 DATE / 124CNAME OF CEMETERY OF CREMATORY 240 HOCATION (City town or county) / (Stote								
Burlas Heb. 7/51 St Stanislaus Latinas								
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS								
+	EB6-1	951	- Lun	W. C. M. A.		Jula 11-0	77	4 4 1
	VS 150°				A Barrell Mar	1930 Cas	dern g	5 93)



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1127

BIRTH NO.				
1. NAME OF DECEASED Mary Q. Gor.	such		OF DEATH	51
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4.	USUAL RESIDENCE (W	here deceased lived. If i	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR	lanation )	CITY OR TOWN (If	outside corporate limits	write DIIDAT and
2208 Mc Eldenny st	4	134	275	township)
1		STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	Mos. Days	2208 MS	Elderry	st.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE	ED (Specify) 8.	DATE OF BIRTH	9. AGE (In years) if last birthday) Mor	Under   Year   H Under 24 Hours ths Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINE	SS OR 11.	BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	NDUSTRY	Belt	ald	WHAT COUNTRY
13. FATHER'S NAME		MOTHER'S MAIDEN NA	ME	
Win aburn		Margaret	· Waknow	m)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no ox ucknowo) (If yes, give war or dates of service) SECURI	ITY NO. 17	INFORMANT	AC	DRESS
No -	- Ma	runtet Hunt	2208 Mca	drany J.
18. 422./	CAUSE OF	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MAMA	edeal Door	and Their	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	1000	The gray		
injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES	icter	osclaronis	- Receoles	ol
DISEASES OR CONDITIONS, IF ANY, GIVING			00 7-	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Belate	eal acute	Paraletes	2 days
	70			
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. MAJOR FINDINGS	OF OPERATI	ON		20. AUTOPSY?
21a. ACCIDENT WAS UNDER.   21B. PLACE OF INJU	IRY (e.g. in or	21c. WHERE DID (I	f in Baltimore City, g	YES NO
LYING OR CONTRIBUTING about home, farm, factory, street		INJURY OCCUR?	the survey of th	ve exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY		21F. HOW DID INJURY	OCCUR?	
m. WHILE AT WORK	NOT WHILE			
22. I hereby certify that I attended the deceased fr			el 4, 1951	
deceased alive on Jely, 1951, and that dec			ne causes and on th	
23A. SIGNATURE Kleines	20	623 E. Men	went It	23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF	F CEMETERY	DR-CREMATORY 240. LC	OCATION (City, town,	or county) (State)
Burial 2/7/51	Balto	•	Bulto.	nd
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25	FUNERAL DIRECTOR	0. 0	ADDRESS
REB 6- 1951 Munder stor Milians	ME V-	box xuc. 12	17 St. Par	el et
VS 150			. 0 1	937
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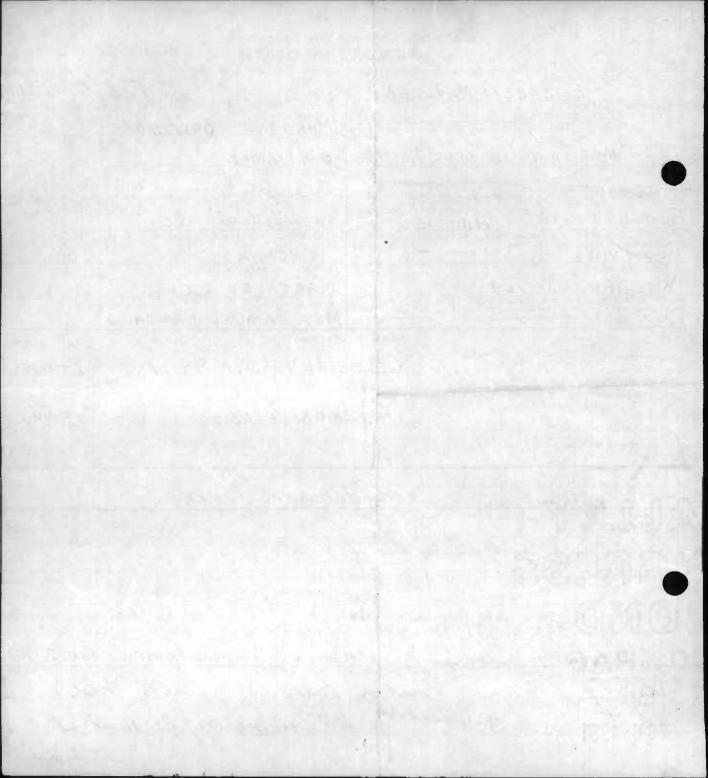


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1128

Registered No.

BI	IRTH NO.		-Ara	CERTIFICATI	E OF DEATE		
	NAME OF D 'ype or Print)		ETH M.	ALLEN		2. DATE OF DEATH FE	8 5, 1951
	PLACE OF D				4. USUAL RESIDE	NCE (Where deceased lived. I	f institution ; residence before admission
В.	FULL NAME	OF (If not in hospi	tal or institut	ion, give street address or			. The state of the
IN	SPITAL OR	1ARYLAND		location)	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give township
14	1	TARYLAND I	LENER	AL HOSPITAL	BALTIMOR	RE	township
				Yrs. Mos.	D. STREET ADDRES	SS (If rural, give location)	1
	Length of st	tay in Baltimore		Days	1814 DT.	PAUL	0 3
F	EMALE	WHITE	WIDOV	E. MARRIED, VED, DIVORCED (Specify)	MAY 25, 18		if Under 1 Year If Under 24 Hours Ionths Days Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	HOUSE V	VIFE	_		VIRTINII	Α,	USA
13	FATHER'S N	IAME	11.		14. MOTHER'S MAI	DEN NAME	
	WILLIF	YAD MF	14		MARTARE	ET COPES	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	110				MRS. DAM	UEL RANDALI	L
	18. 33/	/ × .	NI NI	CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION				Λ	
		not mean the mode	of dying, e. 1	E, (A) CERE	BRAL VASCI	LA ACCIDENT	7 HOURS
1	injury or	re, asthenia, etc. It mes complication which	ins the diseas caused death	e, a.) OUE TO			
		ANTECEDENT CAU	SES	7.			
z				(B) HRTE	RIDSCLERO	515	YEARS.
ATION	RISE TO TI	OR CONDITIONS, I	STATING TH				
\A	UNDERLY	ING CONDITION L	AST.	(C)			
RTIFIC							
		II IGNIFICANT COND		v. T 0		7	
CE		TO THE DEATH, BUT SEASE OR CONDITION		I LNTRA- 11	BOOMMAL	IUMOR	
1	44 .	_	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
DICAL	NONE		1				YES NO
ā	LYING OF	ENT WAS UNDER-		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,e			give exact location)
N M	CAUSE OF	DEATH NONE					
	FINJURY	Month) (Day) (Year		21E. INJURY OCCURRI		INJURY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereby	y certify that I at	ended the	deceased from JA	N 2/ , 195/,	to FEB 5 , 195	I, that I last saw th
	deceased al	ive on FEB 4	_, 195/_,	and that death occur	red at 12:30 Am.,	from the causes and on	the date stated above
1	23A. SIGNAT	ever A.	Clocks	ir A. M. O. 1	B. ADDRESS ARYLAND GE	ENERAL HOSPITAL	23c. DATE SIGNED FEB 5, 1951
	A. BURIAL, E			24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town	n, or county) (State)
H	Burias	1 7/8/	5/	Loudon	Vark	Balto.	md.
	ATE RECEIVED		S SIGNATI	RE ALLE MA	25. FUNERAL DIRE	CTOR	ADDRESS
=	FEB 6-1	951	2月十一日		1-001 Ju	e. 1217 St. Fa	ul cf.
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LOCAL REGISTRAR

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### CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT Registered No .-BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF Margaret Rust Bayne DEATH Feb-4-1951 A. Baltimore City, Maryland Park Avenue 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) A STATE B. FULL NAME OF (If not in hospital or institution, give street address or New York Long Island HOSPITAL OR C. CITY OR TOWN (If outside corperate limits, write RURAL and give INSTITUTION township Wheeler Nursing Home Shalter Island Hets, Long Island
D. STREET ADDRESS (If rural, give location) Yrs. Mos. Shelter Island Hgts. Long Island c. Length of stay in Baltimore vears Days 7. SINGLE, MARRIED 5. SEX 9. AGE (in years | | Under | Year | | If Under 24 Hours | last birthday) | Months: Days | Hours : Min. 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female White Single Oct-27-1874 76 years 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY ork done during most of working life, even if retired) INDUSTRY None Catonsville, Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Bayne Lydia Hemsworth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. No Mr. F. C. Crawford (cousin) 1503 John St. None None 18. 443 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) NOT WHILE WHILE AT WORK 1945, to Jek 4 , 1957, that I last saw the 22. I hereby certify that I attended the deceased from 195 /. and that death occurred at\_ \_m., from the causes and on the date stated above. deceased alive on 23A. SAGANTURE 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE Baltimore City, Maryland Loudon Park Cemetery Burial Feb-7-1951 DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

> Stewart & Mowen Company, 108 W. North Ave., City #1.

TO SECURE OF THE PROPERTY OF 1403 7.

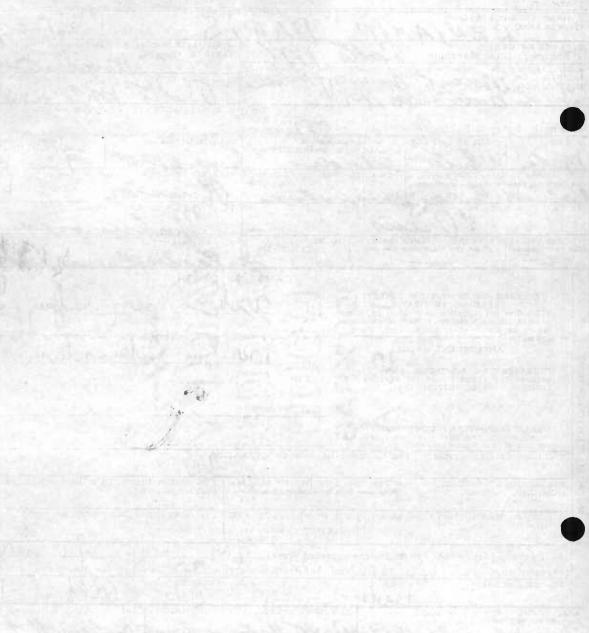
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Med. Crapus BALTIMORE CITY HEALTH DEPARTMENT	51 1130
	ered No.
1. NAME OF DECEASED (Type or Print)  ANDREW BOWEN  2. DATE OF DEATH OF DEAT	金4,4,1951
a. Baltimore City, Maryland Hall 3 4. USUAL RESIDENCE (Where deceased line as STATE B. COUN	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION C. CITY OR OWN (If outside corporation) C. CITY OR OWN (If outside corporation)	te limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, give locat	cion)
c. Tength of stay in Baltimore  Days  Days	ears If Under I Year   If Under 24 Hours
MALE WITTE SINGLE J-13-43 5	ay) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	
James Dowen Josephine 1	Dasnurst.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. NFORMANT THE ROST	ADDRESS
18. 291/ P. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	DNSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	rns 13 days
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	7-12 Dave
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	72 73
UNDERLYING CONDITION LAST. (C) //a_l_// Duclashe	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE DR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	City, give exact location)
S CAUSE OF DEATH	Sti
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	is tour
AT WORK AT WORK AT WORK AT WORK	FIONE
deceased alive on 2-4-, 1951, and that death occurred at 6 7 m., from the causes and	, 1931, that I last saw the
Michael & - Miffer TM.D.	
24a. BUNIAL, CREMA: 24B. DATE 124C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City Tion genoval (Specify) Fab - 7-51 Holy Trinital Publican 6 Peril	(State)
DATE RECEIVED BY REGISTRAR S SIGNATURE 25 FUNERAL DIRECTOR	ADDRESS
FEB 6-1951 Tuntte stor Nothiams, Mai J. G. Grebliauckas.	N 19056 Batt St
VS 150 N-948.7	12.
10 be approved med. Gram	181

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

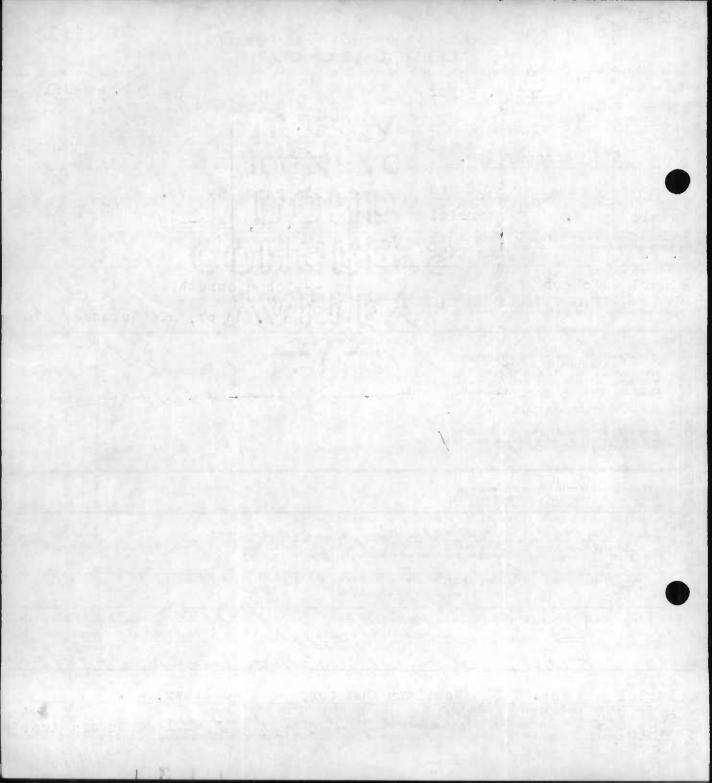
51 1131 Registered No.

В	IRTH NO. /	
	NAME OF DECEASED CONTROL PAPIS 2. DATE OF DEATH Sub-	4.1951
	. PLACE OF DEATH: Baltimore City, Maryland Ballo Ma A. STATE MOL B. COUNTY B. COUNTY	stitution; residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Mount (If outside corporate limits, NSTITUTION)  C. CITY OR TOWN (If outside corporate limits, NSTITUTION)	
	3706 nortonia PC Sala MC 3706 Yrs. D. STREET ADDRESS VIF rural, give location)	mortoula
6	Length of stay in Baltimore	5-9 Rd
5	SEX   6. COLOR OR RACE   7. SINGLE, MARRY D.   8. DATE OF B)RTH   9. AGE (In years)	Inder 1 Year II Under 24 Hours ths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPIACE (State or foreign country)	12. CITIZEN OF
	doneduring most of workinghife, even if retired)  Notes of the second of	WHAT COUNTRY?
1	3. FATHER'S NAME	
1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   17. INFORMANT   7/0 AG	DRISS XI
(1)	no or unknown) (11 yes, give war or dates of service) SECURITY NO. 20 Raphall & Paris Per	chiel met
	18. 4 20 / 1 CAUSE OF DEATH	ONSET AND DEATH
	ODISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ids
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	4
Z	ANTECEDENT CAUSES Inhose Colling	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
FICA	CADENETING CONDITION EAST.	
RTI	OTHER SIGNIFICANT CONDITIONS CON-	
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
CAL		YES NO
EDIC	21a. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.)  INJURY OCCUR?	ive exact location)
Σ		
	m. WHILE AT NOT WHILE AT WORK	
	deceased alive on -(3), 15, and that death occurred at m., from the causes and on the	, that I last saw the e date stated above.
	23A. SIGNATURE 23B. ADDRESS	23C, DATE SIGNED
2	4A. BURIAL CREMA 24B. DATE   24C. NAME OF CEMETERY OR CREMATORY   24D. LOCATION (City) town,	
0	Burial Feb 6, 1951 Ball Hebrew Kenner Belan Rd	ma
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
-	VS 150	O
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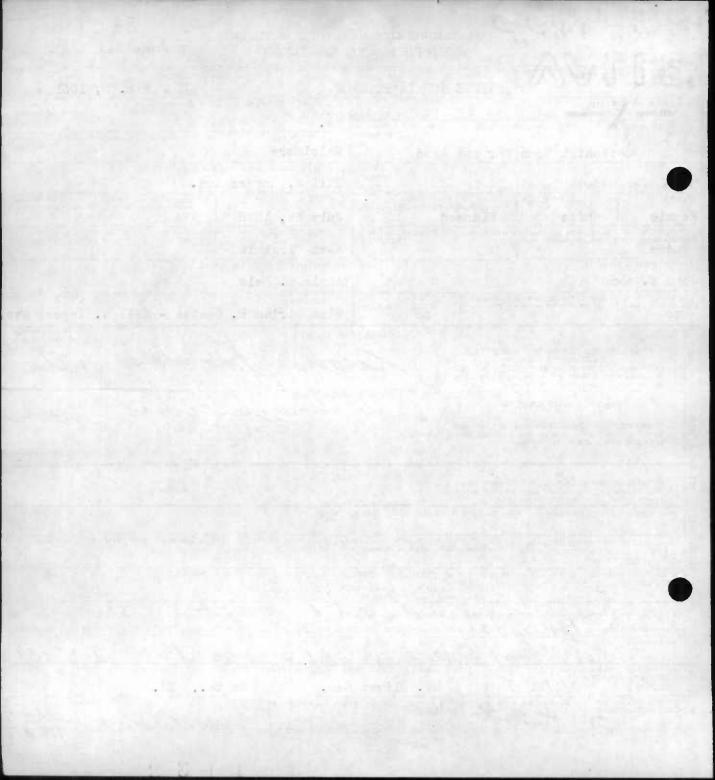
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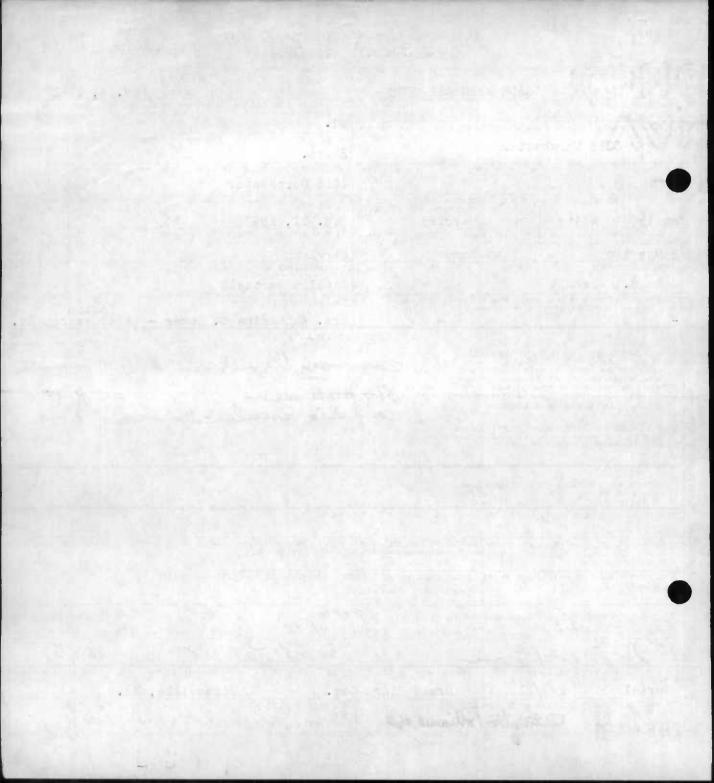
	51	1133	BAL	TIMORE CITY HE	EALTH DEPARTMEN	т Э	L IIIdd
R	IRTH NO.			CERTIFICATI	E OF DEATH	Registered I	No
1.	NAME OF DI	ECEASED	НАТТТ	E SOPHIA PEARS	ION	2. DATE OF Feb	3, 1951
3. A.	PLACE OF DE	EATH: Sity, Maryland 2	3000	ogers am	4. USUAL RESIDENCE		
B. H	FULL NAME OSPITAL OR ISTITUTION	of (If not in hospit thodist Home	al or instituti	ion, give street address or location)		(If outside corporate limit	s, write RURAL and giv township
		tay in Baltimore	TOP CHE	Yrs. Mos. Days	D. STREET ADDRESS ( 2211 W. Rogers		
	sex emale	6.COLOR OR RACE White		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH July 29, 1876	9. AGE (In years)	f Under 1 Year onths Days Hours Min
		CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	West Virginia	foreign country)	12. CITIZEN OF WHAT COUNTRY
_	3. FATHER'S N				14. MOTHER'S MAIDEN	NAME	
_	ohn E. Ker	-			Annie E. Belt		
15 (Ye	5. WAS DECEASE 10, no or unknown)	D EVER IN U. S. ARME (If yee, give war nr date	onf service)	SECURITY NO.	17. INFORMANT Miss Miriam O.		W. Rogers Av
RTIFICATION	heart failu Injury or DISEASES RISE TO TI UNDERLY	not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUSES OR CONDITIONS, IN HE ABOVE CAUSE (A) ING CONDITION LA	ns the disease aused death GES F ANY, GIVIN STATING THAST.	(B)	teriose	lewis	20/12
CER	TRIBUTING TO THE DI	IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE CAUSING I	T			
DICAL	19A, DATE O	F OPERATION O		FINDINGS OF OPER		VA 1 - B 1 1	YES NO
MEDI		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm,factory,street,office bldg.,		(If in Baltimore City,	give exact location)
2	21D. TIME (	Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?	
	22. I hereby	y certify that I at			7, 1950, to pred at 2.30 m., from		I, that I last saw the
	23A. SIGNAT		us G.		38 ADDRESS 80014333	434.	23c, DATE SIGNED
TI	4A. BURIAL CON REMOVAL (S Burial	2/6/51	0	Mt. Olivet		LOCATION (City, town	, or county) (State
	OCAL REGIST		SSIGNATI	Miestif, M.F	25. FUNERAL DIRECTO		10 = Balto.
	THE SEC	001	200		1		1110



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1134

BI	RTH NO.							
	NAME OF D		CE MARS	HALL CONE		2. DATE OF DEATH Feb. 4, 1951		
	PLACE OF D		OLD MUNICIPALITY	IMUL CONE	4. USUAL RESIDENCE ()			
	FULL NAME		al or institut	ion, give street address or	-IM-a	0.000111	betote admission)	
HO	STITUTION	3215 Dorchest		location	c. CITY OR TOWN (I	f outside corporate limits, v	write RURAL and give township)	
0	16/			1	Balto.	10 11.		
	ngth of s	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If 3215 Dorchester	rural, give location)		
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) Il Und	der I Year   II Under 24 Hours	
	emale	white		/ED, DIVORCED (Specify .rried	Feb. 11, 1897		hs Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)   12	2. CITIZEN OF	
WOLF	Housewi		at ho	INDUSTRY	Maryland		WHAT COUNTRY?	
13	. FATHER'S		a. 0 110	mr3	14. MOTHER'S MAIDEN N	IAME		
	John W.	Marshall			Estelle Hartzell			
15	. WAS DECEAS	ED EVER IN U, S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	ADD	RESS	
(10	, no or unknown)	(If yes, give war or date	or service)	SECURITY NO.	Mrs. Katharine C	Parkers 1924	owson	
	18. //-			CALICE		• BUKET - 1024	INTERVAL BETWEEN	
	71	01/1		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEAS	SE OR CONDITION LEADING TO DEAT		0	46 0	) _	1-	
		not mean the mode oure, asthenia, etc. It mea			aran mant	revo.	10 houles.	
		complication which c			L -4-		5 40	
		ANTECEDENT CAUS	FS	744	pullision		- Ja.	
z		7,111,101,101,101,101,101		(B) cary	dio Vescula	Mesence	5 200	
0		S OR CONDITIONS, IN						
A		TING CONDITION LA						
2				(C)		***************************************		
ERTIFICATION	W. A. S.	11				-		
R		IGNIFICANT CONDI						
CE		ISEASE OR CONDITION						
	19A, DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?	
X							YES NO	
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		If in Baltimore City, give	e exact location)	
2		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJUR	Y OCCUR?		
	FINJURY		m.	WHILE AT NOT WHILE				
	22. I herch	y certify that I att	ended the	deceased from 19	246 , 19 / to 7	ct 4 195/	that I last saw the	
		live on tel 4	1951	and that death occu	rred at/:45 m., from t		date stated above	
	23A. SIGMA		, 20		23B. ADDRESS	0	23C, DATE SIGNED	
	De	Ewto	an	м. р.	1202 81 auch	87 7	lef 5/51	
	N, REMOVAL (S			24c. NAME OF CEMETE	ERY OR CREMATORY 240. L	LOCATION (City, town, or	county) (State)	
	Burial	2/6/51		Druid Ridge	Cem. Pi	kesville, Md.		
	ATE RECEIVE	RAR A	1- 1/1	RE	25. FUNERAL DIRECTOR	Alan Es	DORESS	
F	FB6-10	Eg Luitte		A CONTRACTOR OF THE PARTY OF TH	arm. J. now	WY TOWN - VO	ml	
	VS 150	J 4	~ 34	N. H. Committee		3 3	93)	
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L	100	TO VAN SILFED SECTION SE	_ 7
	51. 1135 BALTIMORE	CITY HEALTH DEPARTMENT	51 1135
ВІ	IRTH NO.5/- 8/774 CERTI	FICATE OF DEATH Reg	istered No.
	NAME OF DECEASED Robert Heil	dewell 2. DATE OF DEATH	February 5 1951
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where decease	
H	FULL NAME OF (If not in hospital or institution, give stroSPITAL OR	3 - 42 - 1	alt I more
	the Vucon Memoriae Ho	pital Baltimore	orate limits, write RURAL and give township)
	1,60	D. STREET ADDRESS (If rural, give lo	ecation)
-	SEX   6. COLOR OR RACE   7. SINGLE, MARRIE	<i>f</i> -	n years   H Under 1 Year   H Under 24 Hours
	M White WIDOWED, DIVOR	CED (Specify) Fabrary 19185	hday) Months Days Hours Min.
10 work	DA. USUAL OCCUPATION (Give hind of lob. KIND OF BUSI! k done during most of working life, even if retired)	NESS OR II. BIRTHPLACE State or foreign country	12. CITIZEN OF WHAT COUNTRY?
13	None	Mary land.	U.S.
	ALvin W. Dewell	14. MOTHER'S MAIDEN NAME	4
15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCI		ADDRESS /
(200	No -	Alvin Wheel 163	9 E Cold-Spring Lane
	18. 764.0	CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Indon't diappher	48 hrs.
	(This does not mean the mode of dying, e.g.,		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0	
	injury or complication which caused death.)  ANTECEDENT CAUSES	• 0	10000
NO	injury or complication which caused death.)	Concelsions	
ATION	injury or complication which caused death.)  ANTECEDENT CAUSES  OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE T UNDERLYING CONDITION LAST.	· Comulsions	
FICATION	injury or complication which caused death.)  ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE T	Robalania	
RTIFICATION	injury or complication which caused death.)  ANTECEDENT CAUSES  OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE T UNDERLYING CONDITION LAST.	· Convulsions · Alkalosis	
CERTIFICATION	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	· Commelsions · Glka/osis	
U	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	alka/6sis	20. AUTOPSY?
U	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factory, at about home, farm, factory, at a hout how home, farm, factory, at a hout home, farm, factory,	S OF OPERATION  JURY (e.g., in or   21c. WHERE DID (If in Baltim)	20. AUTOPSY? YES NO Dore City, give exact location)
MEDICAL CERTIFICATION	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDING:  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Boot bome, farm, fectory, at CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E, INJUR	S OF OPERATION  JURY (e. g., in or   21c. WHERE DID (If in Baltim)	YES NO
EDICAL C	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	GIRO 6 S is  S OF OPERATION  JURY (e.g., in or rect, office bidg., etc.)   INJURY OCCUR?   (If in Baltime	YES NO
EDICAL C	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDING:  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING Shout home, farm, factory, at CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY  WHILE AT WORK  22. I hereby certify that I attended the deceased	GIRAGS IS  SOF OPERATION  JURY (e. g., in or rect, office bldg., etc.)  TY OCCURED NOT WHILE AT WORK  from Feb. 4, 1954, to Feb. 5	Pre City, give exact location)  7 19 5/, that I last saw the
EDICAL C	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDING CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INABOUT HOUR Shout home, farm, factory, at CAUSE OF DEATH  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK  22. I hereby certify that I attended the deceased deceased alive on Fab. 1951, and that the	GIRAGES IS  SOF OPERATION  JURY (e. g., in or rect, office bidg., etc.)  YOCCURRED NOT WHILE AT WORK  from feb. 4, 1951, to fee. Soldenth occurred at 11.70 Am., from the causes of the course of the	ore City, give exact location)  19 67, that I last saw the and on the date stated above.
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MEDICAL C	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDING:  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY  21 Thereby certify that I attended the deceased deceased alive on Laborated the deceased d	GIRAGES IS  SOF OPERATION  JURY (e. g., in or rect, office bidg., etc.)  YOCCURRED NOT WHILE AT WORK  from feb. 4, 1951, to fee. Soldenth occurred at 11.70 Am., from the causes of the course of the	pre City, give exact location)  , 19 1, that I last saw the and on the date stated above.
MEDICAL C	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDING:  21A. ACCIDENT WAS UNDERLYING: CAUSE OF DEATH  21B. TIME (Month) (Day) (Year) (Hour)  FINJURY  22. I hereby certify that I attended the deceased deceased alive on Lab. 195/. and that of the complete of the com	Gladosis  SOF OPERATION  DURY (e. g., in or rect, office bidg., etc.)  RY OCCURRED 21f. HOW DID INJURY OCCUR?  RY OCCURRED 21f. HOW DID INJURY OCCUR?  from feb. 4, 1951, to feb. 5  death occurred at 11.40 Am., from the causes of the causes	re City, give exact location)  1954, that I last saw the and on the date stated above.  23c. DATE SIGNED 23c. DATE SIGNED 23c. DATE SIGNED 24c. Signed
MEDICAL C	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  TINJURY  22. I hereby certify that I attended the deceased deceased alive on Table 195/2, and that of the condition	Gladesis  S OF OPERATION  JURY (e. g., in or rect, office bidg., etc.)  Y OCCURRED  NOT WHILE  AT WORK  Trom  Feb. 4, 1951, to Feb. 5  death occurred at 11:10 Am., from the causes of the course of t	pre City, give exact location)  , 19 1, that I last saw the and on the date stated above.
MEDICAL C	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDING:  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY  22. I hereby certify that I attended the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased deceased alive on Lab. 195/. and that of the deceased deceased deceased alive on Lab. 195/. and that of the deceased deceased deceased deceased deceased deceased deceased alive on Lab. 195/. and the deceased de	Gladosis  SOF OPERATION  DURY (e. g., in or rect, office bidg., etc.)  RY OCCURRED 21f. HOW DID INJURY OCCUR?  RY OCCURRED 21f. HOW DID INJURY OCCUR?  from feb. 4, 1951, to feb. 5  death occurred at 11.40 Am., from the causes of the causes	re City, give exact location)  1954, that I last saw the and on the date stated above.  23c. DATE SIGNED 23c. DATE SIGNED 23c. DATE SIGNED 24c. Signed
MEDICAL C	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDING:  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY  22. I hereby certify that I attended the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased alive on Lab. 195/. and that of the deceased deceased deceased alive on Lab. 195/. and that of the deceased deceased deceased alive on Lab. 195/. and that of the deceased deceased deceased deceased deceased deceased deceased alive on Lab. 195/. and the deceased de	Gladosis  SOF OPERATION  DURY (e. g., in or rect, office bidg., etc.)  RY OCCURRED 21f. HOW DID INJURY OCCUR?  RY OCCURRED 21f. HOW DID INJURY OCCUR?  from feb. 4, 1951, to feb. 5  death occurred at 11.40 Am., from the causes of the causes	re City, give exact location)  1954, that I last saw the and on the date stated above.  23c. DATE SIGNED 23c. DATE SIGNED 23c. DATE SIGNED 24c. Signed

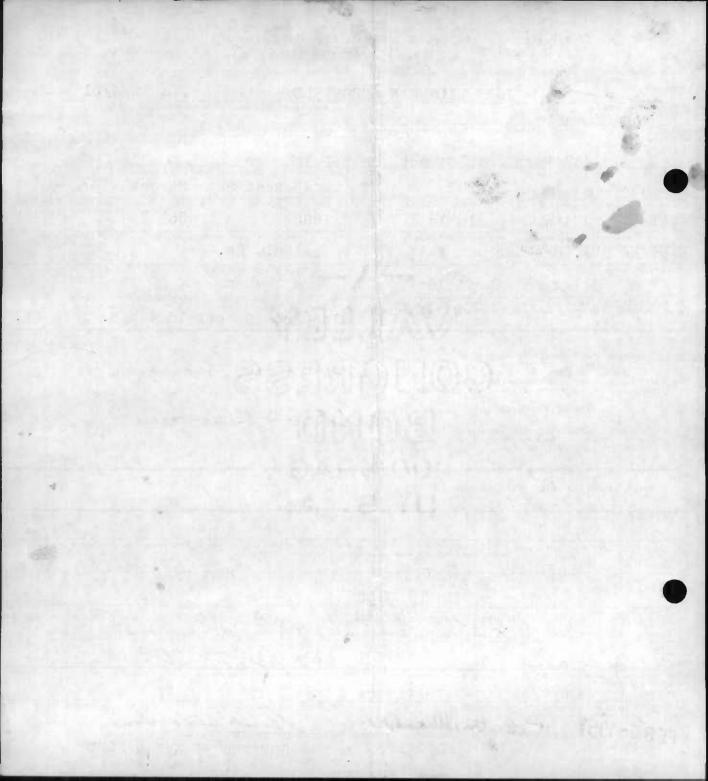
defout disception Land A Charles Here Menerical Hook 2-551

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1136

Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) JOHN TILGHMAN SCHOFTELD DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township! 443 East 25th Street Balti more D. STREET ADDRESS (If rural give location) Yrs. Mos. 25th Street 443 East length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE last birthday) Months Days Hours Min. 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED DIVORCED (Specify) 1895 Male White 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF self INDUSTR work done during most of working life, even if retired Service Sta. Opera WHAT COUNTRY? Halto. . Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Shehan Tilghman Schofield 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Miss Anna Schofield 443 E. 25th St. INTERVAL BETWEEN 18. CAUSE OF DEATH 20,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL VES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE 1950 to Tels 4 1951, that I last saw the 22. I hereby certify that I attended the deceased from Jan deceased alive on leb 4 195% and that death occurred at 2 \_m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED schraem 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Baltimore Cem. City Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL **ADDRESS** LOCAL REGISTRAR VS 150



VS 151

DATE RECEIVED BY

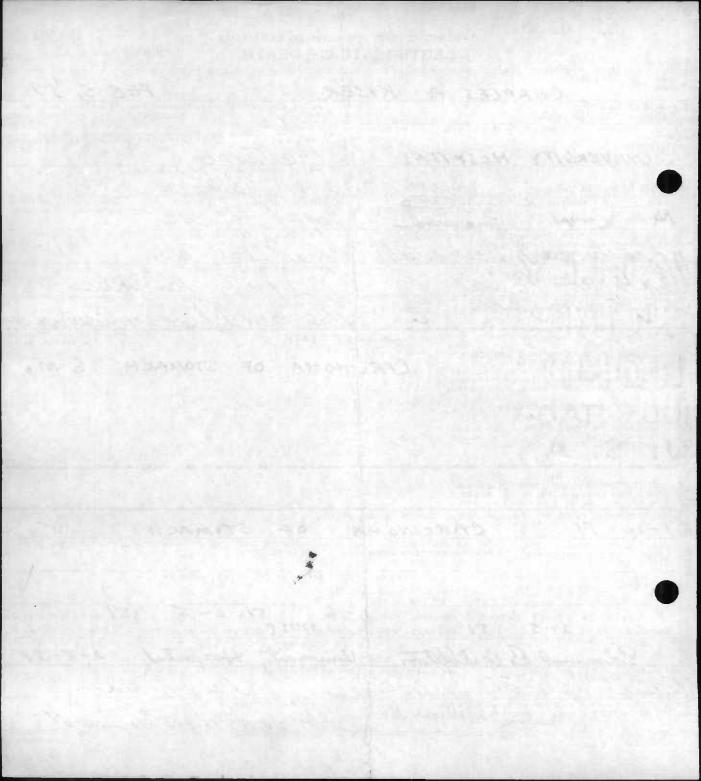
LOCAL REGISTRANS

REGISTRAR'S SIGNATURE

Walter Brooks Bradley, Dundalk, Md.

ADDRESS

	TIFICATE OF DEA	17.17	. f.ioo
BIRTH NO.	THICKIE OF DEA		
1. NAME OF DECEASED (Type or Print) CHARLES A	KISER	2. DATE OF DEATH <b>FE</b>	5,51
a. Baltimore City, Maryland	A. USUAL RESI	DENCE (Where deceased lived, If in B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION	street address or location) C. CITY OR TOV	(If outside corporate limits,	write RURAL and give
28 UNIVERSITY HOSPITA		mare 16	township)
c. eigth of stay in Baltimore	Yrs. Mos. Days 2901	ASST MAN (If rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE MARK WIDOWED DIV	18. DATE OF BIE	9. AGE (In years   III	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B KIND OF BU work done during most of working life, even if retired)		(State or foreign country)	2. CHIZEN OF
Jainter have house pa	inter Batte	word, Tud	WHAT COUNTRY
MOVOR LASER	LONIT. MOTHER'S	MAIDEN NAME TOURS	las
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no or unknown) (If yes, give war or dates of service) SE	CIAL CURITY NO.	A F AD	press ,
	· Masi Ma	14 4. Kisen 29014	restmen 4-
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CARCINOMA	OF STOMACH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	в)		
O DISEASES OR CONDITIONS, IF ANY, GIVING	є то		
O L	C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
, 19A. DATE OF OPERATION   19B. MAJOR FINDIN	NGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF	NOMA OF		ve exact location)
Z CAOSE OF BEATH			
210. TIME (Month) (Day) (Year) (Hour) 21E. INJ	NOT WHILE	ID INJURY OCCUR?	
22. I hereby certify that I attended the decease	AT WORK	5/, to 2 - 5 , 195/,	that I last one the
deceased alive on 2 - 5, 1951, and that	t death occurred at 2:15	n., from the causes and on the	e date stated above
Edmund B Middlets	M. D. Universit	Hospital	23c. DATE SIGNED
TION REMODEL (Specify) 2/8/5/. Mean	ME OF CEMETERY OF CREMATO	LANSLY HA	
DATE RECEIVED BY REGISTRAR'S SIGNARURE LOCAL REGISTRAR	A, M. Z. FUNERAL D		ADDRESS
VE 150 1991	XOUNT COM	aw on you settle	uo so,
	56434		463



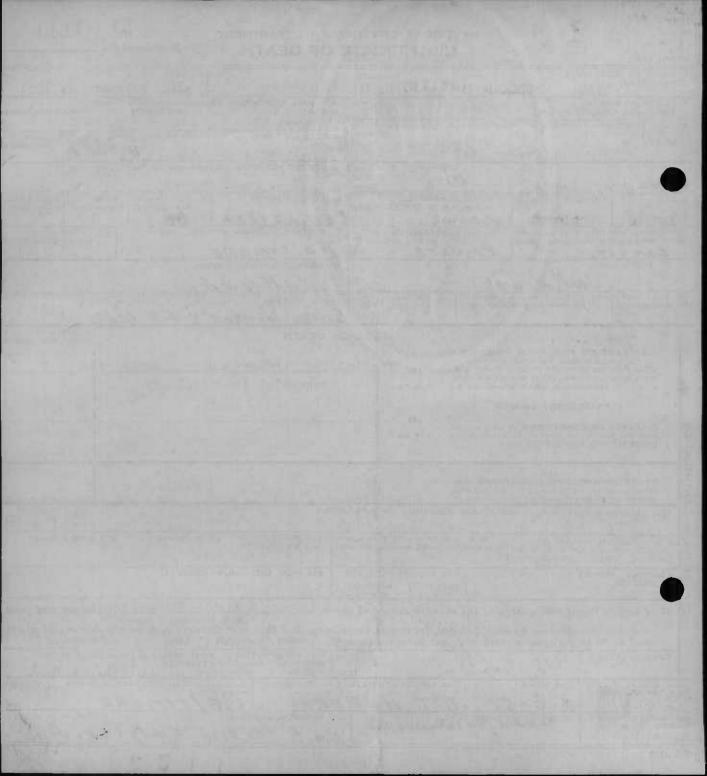
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

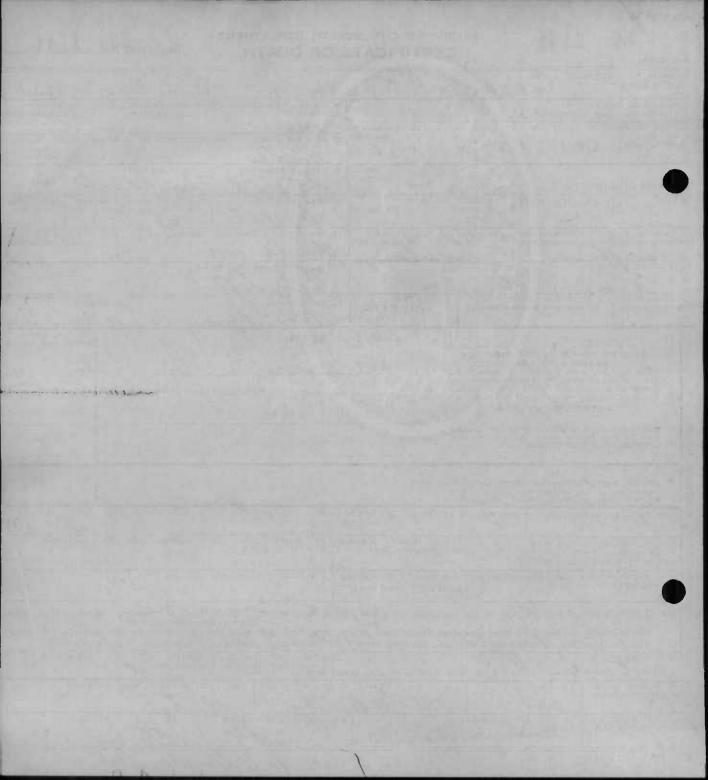
51 1139 Registered No.

	KIII KO.						
	NAME OF D	ECEASED JO	HN	RYALS		2. DATE OF DEATH F	ebruary 1, 1951
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived	d. If institution: residence before admission)
В.	FULL NAME		al or institut	ion, give street address	Maryland	ii	
	SPITAL OR			locatio	C. CITT ON TOWN		limits, write RURAL and give
	21	Baltimore C	ity Hos		Baltimon		10-01
	agth of s	tay in Baltimore	20	7 /RS. Yrs. Mos	100 N T	Pulaski Stre	
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years	s   If Under 1 Year   If Under 24 Hours
	Male	Colored	MAR	VED, DIVORCED (Speci	" 9-23-1886	64	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	O OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	7	-MAN	13.0.	R.R.	4EORGIA		Wijai Goomiti
13	FATHER'S	NAME D	1/-		14. MOTHER'S MAIDEN	NAME	
1 6		NAYA	1/5	1 10 000111	PIICE J	MILEY	
	s, no or unknown)	ED EVER IN U. S. ARME (If yee, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	1- 1/10 P1	ADDRESS C
					IMAGGIE AYAI	5-707/01	INTERVAL BETWEEN
		800 X 1			OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY TH		ll fracture		
		s not mean the mode are, asthenia, etc. It me		8e. (A)	***************************************	**************************	
	injury or	complication which	caused deat	h.j KOEKS AVU	lsion of brain		
		ANTECEDENT CAU	SES	Cru	shed chest		
Z		S OR CONDITIONS,		(B)	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
Ĕ		THE ABOVE CAUSE (A)		Fra	cture of left fem	nur	
ERTIFICATION				(C)			***************************************
H	OTHER S	II SIGNIFICANT COND	ITIONS CO	N-			
R		TO THE DEATH, BUT					
บ	19A. DATE C	F OPERATION	9B. MAJOR	FINDINGS OF OP	ERATION		20. AUTOPSY?
A					· Loss Williams Din	(16 in Poltimore Ci	YES NO X
EDICAL	UNDERLYIN	NAL CAUSE WAS	about home,	ACE OF INJURY (e. g farm, factory, street, office bld	in or 21C. WHERE DID	Bay View Ya	rds 26144
	UTING L	CAUSE OF DEATH.	Dace	O Railroad			k opposite Bayvie
Σ	INJURY	(Month) (Day) (Year		21E. INJURY OCCUP			Signal Tower
1		, 1951 10:03		WHILE AT X NOT WHI			
					above, held an Inspec	sy, inspection or inqu	liry
	the ev	idence obtained by	said Aut	opsy, Inspection or	Inquiry, find that said	deceased died or	n the day stated above
	23A. SIGNA		resulted	from: natural caus	es , accident X, suici	AL EXAMINER	23c. DATE SIGNED
	(1)	01: 1/ Non	TXX		M.D. MEDICAL INVESTIG	AL EXAMINER	Feb. 1, 1951
2	4A. BURIAL,	CREMA- 248. DATE	9	24c. NAME of CEME		LOCATION (City, to	
17	BURIA		-1	ARBUTUS 1	TEM.PK. E	SPITIMOI	PE CO. Mo.
D	ATE RECEIVE	D BY REGISTRAR	SSIGNATI	JRĘ ,	25. FUNERAL DIRECTO	OR /	ADDRESS
	CAL REGIST	Lab. Lab.	theyter	William 11	Wm. A. JACKS	ON-916 5	NNA, HUE
v	S 151	804.2	120	9703			169 V
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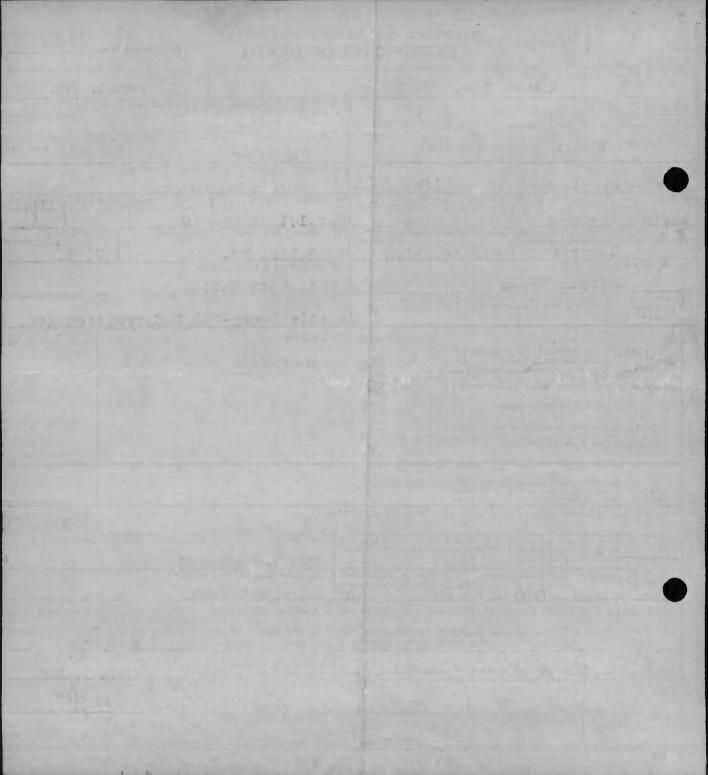
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  Registered No.  Registe	اما	3					3 -	THE REAL PROPERTY.			CA	A	1.0
INAME OF DECEASED (Type or Print)  INAME OF DECEASED  Open February 1, 1951  A. USUAL RESIDENCE (Where decreased lived if institution: residence  A. STATE  STATE  OCCUPATION (Institution: residence  Open February 1, 1951  A. USUAL RESIDENCE (Where decreased lived if institution: residence  NOSTITAL OR  NOTITY IN INTERVAL OR  STATE OF DETAIL (Institution: residence  Open February 1, 1951  A. USUAL RESIDENCE (Where decreased lived if institution: residence  Open February 1, 1951  A. USUAL RESIDENCE (Where decreased lived if institution: residence  Open February 1, 1951  A. USUAL RESIDENCE (Where decreased lived if institution: residence  Open February 1, 1951  Open February 1, 1951  A. USUAL RESIDENCE (Where decreased lived if institution: residence  Open February 1, 1951  Open Febr	3	0 5:	1.	1140	BAI					Danina			W
A JULIA RESIDENCE (Where does not reciprocally final posterol posterol address or hospital or institution, give street address or hospital or institution give street address or hospital or institution institution, give street address or hospital or institution institution give street address or hospital or institution institution institution give street address or hospital or institution institution institution institution institution institution give street address or hospital or institution institution institution institution institution institution institution institution institution give street address or hospital give institution give street address or give	BI	RTH NO.				CERTIF	ICATE	OF DEATH	1	Registe	ered No	)	
3. PLACE OF DEATH. Baltimore City, Maryland  5. FULL NAME OF ("I not in hospital or institution, give street address or NASTITUTION OF CONTROLL OF STATE OF					LARD (	Polit)				OF	Pebrua	arv 1	. 1951
B. FULL NAME OF 1st in hospital or institution, give street address or Joseph McSPTAL ON MC (If ordered exporate limits, write RURAL and give township)  Menthof stay in Baltimore  J. SEX   C. COLOF OR RACE   7. SINGLE, MARRIED, Mark   1. Mon.   1			EATH:						NCE (Wh	ere deceased li	ved. If in	stitution	residence
University Hospital  Sign of Stay in Baltimore	В.	FULL NAME			tal or institut	ion, give street			(76.0	utsido composo	to limite	it- Dii	DAY 1 -
The first in Baltimore  S. SEX  S. COLOR ON RACE  S. SEX  S. SEX			Ilnis	rersit.v	Hosnita:					diside corpora	17	-0/	
The stay in Baltimore  S. SEX  G. COLOR OR RACE  P. SINGLE, MARRIED. WIDOWED, DIVORCED Computer  Female  COLORED  WIDOWED  WIDOWED, DIVORCED Computer  Female  COLORED  Female  COLORED  WIDOWED, DIVORCED Computer  Female  COLORED  WIDOWED, DIVORCED Computer  Female  COLORED  Female  COLORED  WIDOWED, DIVORCED Computer  Female  COLORED  Female  COLORED  Female  Colored  WIDOWED, 1984  10. BIRTHHELACE (State of rotein country)  11. BIRTHELACE (State of rotein country)  TO HAVE A COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  II. BIRTHELACE (State of rotein country)  12. CITIZEN OF  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  II. BIRTHELACE (State of rotein country)  12. CITIZEN OF  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  II. BIRTHELACE (State of rotein country)  12. CITIZEN OF  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  II. BIRTHELACE (State of rotein country)  12. CITIZEN OF  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  II. BIRTHELACE (State of rotein country)  12. CITIZEN OF  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  II. BIRTHELACE (State of rotein country)  III. BIRTHELACE (State of rotein country)  III. BIRTHELACE (State of rotein country)  III. BIRTHELACE (State				01010,	,			D. STREET ADDRES	SS (If ru		ion)		
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10. A LEVERNAL CAUSE WAS UNDERLYING CONDITION S. IF ANY, CIVING UNDERLYING CONDITION CAUSE OF DEATH  10. EXTERNAL CAUSE WAS UNDERLYING CONDITION C					WIDOW	ED, DIVORCE		FEB 22.18	94				
13. FATHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARKED FORCES!  (Yes, no or unknown)  15. WAS DECEASED EVER IN U. S. ARKED FORCES!  (Yes, no or unknown)  16. SOCIAL SECURITY NO  INTERNAL BETWEEN  INTERN	10.	A. USUAL OC	CUPAT	ION (Give kindo	I TOB. KINE	OF BUSINE		11. BIRTHPLACE (Sta	ate or for	eign country)	1		
15. WAS DECEASED EVER IN U. S. ARMED FORCES! (Yes, so or subsown) (If yes, give wer of dates of service) (If yes, give wer or dates of service) (If yes, give were or dates of service) (If yes, give were of dates of service) (If yes, give were of dates of service) (If yes, give were of dates of service) (If yes, give exact location) (If yes, give were or dates of service) (If yes, give exact location) (If yes, give were or dates of service) (If yes, give exact location) (If yes, give ex		Dam 5:	STIC		110		-	BALTIMA	BRE			WHA	COUNTRY
15. WAS DECRASED EVER IN U. S. ARMED FORCES;  (Yes, so or outhourn) (If yes, give war or dates of service)  16. SECURITY NO    17. INFORMANT	13	FATHER'S		st un	1.5					ME			
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY (This does not main the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERTHING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING:  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS  21B. PLACE OF INJURY (c.g., in or INJURY OCCUR?  21TING CAUSE OF DEATH.  21D. TIME (Month) (Day) (Year) (Hour)  22I. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said decased died on the day stated above and death in my opinion resulted from: natural causes M. accident [], suicide [], homeide [], undetermined [].  23A. SIGNATURE  A. BURIAL, CREMA! 24B. DATE  10J. REMOVAL (Specify)  ADD RESONAL ASSOCIATED IN THE AUGUST OF CREMATORY 24D. LOCATION (City, town, or county)  ADD REMOVAL (Specify)  ADD REMOVAL (Specify)  A. BURIAL, CREMA! 24B. DATE  10J. REMOVAL (Specify)  ADD REMOVAL			ED EVER	IN U. S. ARME	D FORCES?				(xwc		ADI	DRESS	
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DEATH BUT NOT CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  VES. No X  21a. PLACE OF INJURY (e.g., is or UNDERLYING) OR CONTRIB.  10J. TIME (Month) (Day) (Year) (Hour)  21. INJURY OCCUR?  21. Certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes (MacDical, Investication)  224. BURIAL CREMA- TOOK REMOVAL (Specify)  DATE REGISTERAR  246. NAME OF CEMETERY OF CREMATORY  247. PUBLICAL INVESTIGATOR  AUTOPS (State)  DATE REGISTERAR  248. DATE  246. NAME OF CEMETERY OF CREMATORY  247. PUBLICAL INVESTIGATOR  ADDRESS  WM. A. JAC KSAN - 916 (FANA A DECENTED)  10 JURY OF CREMATORY  10 JURY OF CREMATORY  11 JURY OF CREMATORY  247. DATE SIGNATURE  248. DATE  249. DATE  240. NAME OF CEMETERY OF CREMATORY  240. LOCATION (City, town, or county) (State)  10 JURY OF CREMATORY  240. LOCATION (City, town, or county) (State)  10 JURY OF CREMATORY  240. LOCATION (City, town, or county) (State)  11 JURY OF CREMATORY  241. DURY OF CREMATORY  242.	(108	, no or unknown)	(11 36	s, give wat or dat	os or service)	SECURI	ITY NO.	ElMER JOHN	1500.	414 N.	PER	8/-	57.
Color   Colo		76	13x	1			CAUSE C	F DEATH					
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or UNDERLYING) OR CONTRIBUTION Another contributions of the day of Death.  21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or UNDERLYING) OR CONTRIBUTION COURTED Another cancer of the contribution of the day of Death.  21B. PLACE OF INJURY (e.g., in or INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED AT WORK  21B. PLACE OF INJURY (e.g., in or INJURY OCCURRED AT WORK  21B. PLACE OF INJURY (e.g., in or INJURY OCCURRED INJ		,				., 50110				101.1109			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  21B. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. OF DEATH.  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT WORK  22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes Assistant medical examiner.  23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  24C. NAME OF CEMETERY OR CREMATORY  25. FUNERAL DIRECTOR  ADDRESS  WM. A. JAC KSIN - 916 (ENNA. AJE)  WM. A. JAC KSIN - 916 (ENNA. AJE)	Z	DISFASE					***************************************	•••••••••••••••		***************************************			••••••
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  21B. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. OF DEATH.  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT WORK  22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes Assistant medical examiner.  23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  24C. NAME OF CEMETERY OR CREMATORY  25. FUNERAL DIRECTOR  ADDRESS  WM. A. JAC KSIN - 916 (ENNA. AJE)  WM. A. JAC KSIN - 916 (ENNA. AJE)	9	RISE TO T	HE ABO	VE CAUSE (A	STATING TE	HE DUE TO							
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21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  21B. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. OF DEATH.  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT WORK  22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes Assistant medical examiner.  23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  24C. NAME OF CEMETERY OR CREMATORY  25. FUNERAL DIRECTOR  ADDRESS  WM. A. JAC KSIN - 916 (ENNA. AJE)  WM. A. JAC KSIN - 916 (ENNA. AJE)	H			CANT CONE									
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21D. TIME (Month) (Day) (Year) (Hour)  1NJURY  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJU		19A. DATE C	OF OPE	RATION	196. MAJOR	FINDINGS	OF OFERA	TION	35		8 4		-
21D. TIME (Month) (Day) (Year) (Hour)  1NJURY  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJU	EDICA	UNDERLYIN	G 0	R CONTRIB	about home,	CE OF INJU	RY (e. g., in t, office bldg., etc			in Baltimore	City, giv	ve exact	location)
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined  23a. SIGNATURE  23b. CHIEF MEDICAL EXAMINER	Σ		(Month)	(Day) (Year		WHILE AT	NOT WHILE	21F. HOW DID I	INJURY	OCCUR?			
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER	h	22. I certi	fu thai	t I took cha				ove, held an Inc	uiry	& Inspe	ction	thereon	n and from
and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  23A. SIGNATURE    ASSISTANT MEDICAL EXAMINER								Au	utopsy, In	ispection or lr	iquiry		
M.D. ASSISTANT MEDICAL EXAMINER. Teb. 2, 1951  24A. BURIAL CREMATORY 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  TION REMOVAL (Specify) 3-6-51 MT, AUBURN TBATTIMORE  DATE RECEIVED BY LOCAL REGISTRAR REGISTRANCE SIGNATURE 25. FUNERAL DIRECTOR ADDRESS  WM. A. JAC KSIN - 916 (ENNA. AUE)		and de	eath in	my opinion	resulted j	rom: natur	al causes	X, accident , 81	uicide [	$\Box$ , homicide	$\Box$ , un	determi	ned .
DURIAL DIRECTOR REGISTRANCE SIGNATURE 25. FUNERAL DIRECTOR ADDRESS WM. A. JACKSON - 916 (ENNA. AUE)		23A, SIGNA	TURE	RSA	Inh			ASSISTANT MED D. MEDICAL INVES	DICAL EX	R	Fet	, 2,	1951
DATE RECEIVED BY REGISTRAN SIGNATURE 25. FUNERAL DIRECTOR ADDRESS WM. A. JAC KSON - 916 (ENNA. A. JE)	TIC	N REMOVAL (S	CREMA-	2-6-	51	MT.	AUB	URN	73A	1			(State)
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120.84	V	S 151		-		7	20.1	A	1	0-2	09	35	7



1.	52			
	51 1141 BALTIMORE CITY H	EALTH DEPARTMENT	51	4341
E		E OF DEATH	Registered No.	1 5 9 1
1	NAME OF DECEASED GEORGE H. PO	BINSON	2. DATE Jeb.	3, 1951
3	PLACE OF DEATH: Baltimore City, Maryland U	4. USUAL RESIDENCE (WE A. STATE	nere deceased lived. If inst	itution : residence before admission)
В	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR		utside corporate limits, w	-ia-Dilbay 1 /
1.	NSTITUTION UNIVERSITY HOSP	Balto	17-6	township)
	Yrs. Mos.	800000	ural give location)	S+-
5	ngth of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Unde	r 1 Year   If Under 24 Hours
	M C WIDOWED, DIVORCED (Specify	3/4/1885	last birthday) Months	Days Hours Min.
	DA. USUAL OCCUPATION (Givekind of kdoped dyring most of working life, even if retired)	11. SIRPHPLACE (State or for	eign country)   12.	CITIZEN OF WHAT COUNTRY
1	3. FATHER DAME	14. MOTHER'S MAIDEN NAI	ME O	
-	Seo. Kobinson	Clarabeta	7	
	5. WAS DECEASED EVER IN 6.S. ARMED FORCES?  16. SOCIAL  SECURITY NO.	17. INFORMANT	-ACT W	RESS 1/0.
	18. 4 CAUSE	OF DEATH	2-03///	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11	ONSET AND BEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	erior Claratic C	ordio vosce	lan disloss
	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING (8)	••••••••••••••••••••••••••••••••		
TIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
ICA	(c)			
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
SE	19a. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
AL	21a EXTERNAL CALISE WAS   21B. PLACE OF INJURY (6.8.	in or   21c. WHERE DID (If	in Baltimore City, give	YES NO Case No
EDIC	UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.			,
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY m. WHILE AT WORK AT WORK		OCCUR?	
	22. I certify that I took charge of the remains described	above, held an Jusquil	in + Juguing t	hereon and from
	the evidence obtained by said Autopsy, Inspection of	Inquiry, find that said dec	eased died on the a	lay stated above
	and death in my opinion resulted from: natural cause	1 238 CHIEF MEDICAL EX	CAMINER DI 23C E	ATE SIGNED
	Starley & Durlacher	ASSISTANT MEDICAL EX	R	
T	ON, REMOVAL (Specify)	ERY OR CREMATORY 24d. LO	CAPION (City, town, or o	county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	, AL	DIRESS /
	OCAL REGISTRAR	Samuel W.	Sullavan	AV
V	5 151 1901 683 52	1011 M. Carlin	agton ant	e-93)



6	50							
51 1112 BALTIMORE CITY HEALTH DEPARTMENT 51 1142  CERTIFICATE OF DEATH Registered No.								
CERTIFICATE OF DE						Registered No	)	
1. NAME OF DECEASED (Type or Print) WILLIAM Edw. BROWN						2. DATE OF Wah	2 3053	
3. PLACE OF DEATH:					4. USUAL RESIDENCE (W	1	3, 1951	
A. Baltimore City, Maryland  B. FULL NAME OF "If not in hospital or institution, give street address or					A. STATE B. COUNTY before admission) Maryland			
HOSPITAL OR location)					C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
Fanklin Square Hospital					Baltimore / 9 0 % township)			
Yrs. Mos.					D. STREET ADDRESS (If rural, give location)			
ngth of stay in Baltimore life Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.					1509 W. Fayette St.			
				E, MARRIED. /ED, DIVORCED (Specify)		9. AGE (In years     Un lost birthday)   Mont	nder 1 Year   If Under 24 Hours hs: Days   Hours   Min.	
Male		Colored		m	Mar.L,1920	30		
wor				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
laborer			construction		Balto. Md. U.S.			
13. FATHER'S NAME								
Sherman Brown					Elizabeth Hall			
(Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS				
	110	no			Myrtle Boney-323 N. Carrollton Ave.			
	18. E 982 X   CAUSE C				OF DEATH		INTERVAL BETWEEN	
	DISEA	SE OR CONDITION	DIRECTLY	Ctah	round of short			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or	complication which	aused death	DUE TO				
		ANTECEDENT CAUS	ES					
Z	DISEASE	S OR CONDITIONS, 1	F ANY. GIVIN	(B)		***************************************	****	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
Y				(C)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
CE		ISEASE OR CONDITION	-	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	ATION		1 20 AUTODOWS	
	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERAT				ATTON		YES X NO	
EDICAL	21A. EXTERN	21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, gi						
ŏ	UNDERLYIN	G X OR CONTRIB-		arm, factory, street, office bldg	1509 W. Fayette St.			
ME		(Month) (Day) (Year)	(Hour)	INJURY OCCURR				
INJURY WHILE AT NOT WHILE					Sham instrume	ent.		
ceb. 3, 1951 2: 30 A m. WORK Sharp instrument							thereon and from	
	Autopsy, Inspection or Inquiry							
	the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide ☒, undetermined [						day stated above, determined $\square$ .	
	23A. S. GNA		0		238. CHIEF MEDICAL E	XAMINER 23c.	DATE SIGNED	
	KRE	uley N.K	Year	lacles M	.D. MEDICAL INVESTIGATO		3. 1951	
	24A. BURIAL, CREMA- 4B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
B 2/8/5/ Mt. Chilambe Gold Coly								
DATE RECEIVED BY REGISTRAR SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 16.7								
LOCAL REGISTRAR  LOCAL REGISTRAR  SIGNATURE  Samuel N. Nullivan								
VS 151 N-862.2 97024-1011 M. Calington Che								
	/	1-001.		110064	- 1411 Mills	and in		



21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.)

(If in Baltimore City, give exact location) INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

. 19.2 1 to.

CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

NOT WHILE

WHILE AT

22. I hereby certify that I attended the deceased from 2 - 1 -

23A. SIGNATURE

21A. ACCIDENT WAS UNDER

LYING OR CONTRIBUTING

deceased alive on 2 - 4 - 1951, and that death occurred at 2 0, m., from the causes and on the date stated above. 23B. ADDRESS

Mrun 110N, REMOVAL Specify) 24B. DATE

24c, NAME OF CEMETERY OR CREMATORY

24D. LOCATION

23c. DATE SIGNED

4 - , 19 That I last saw the

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

**ADDRESS** 

VS 150

unal

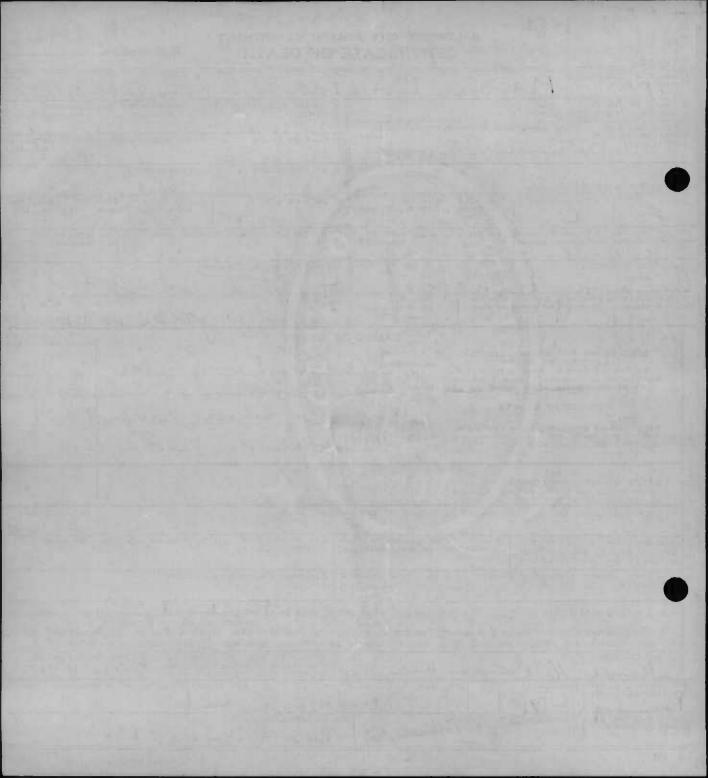
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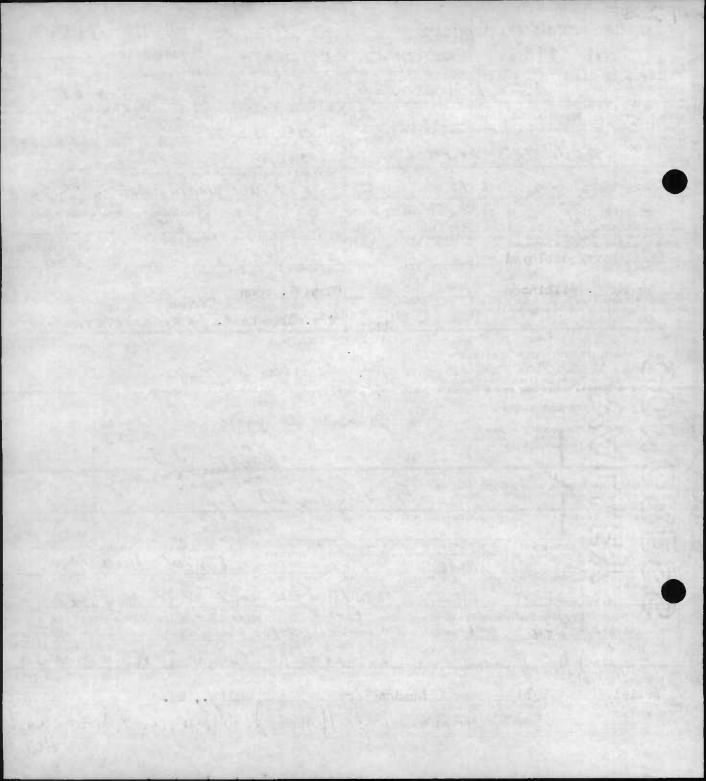
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1144

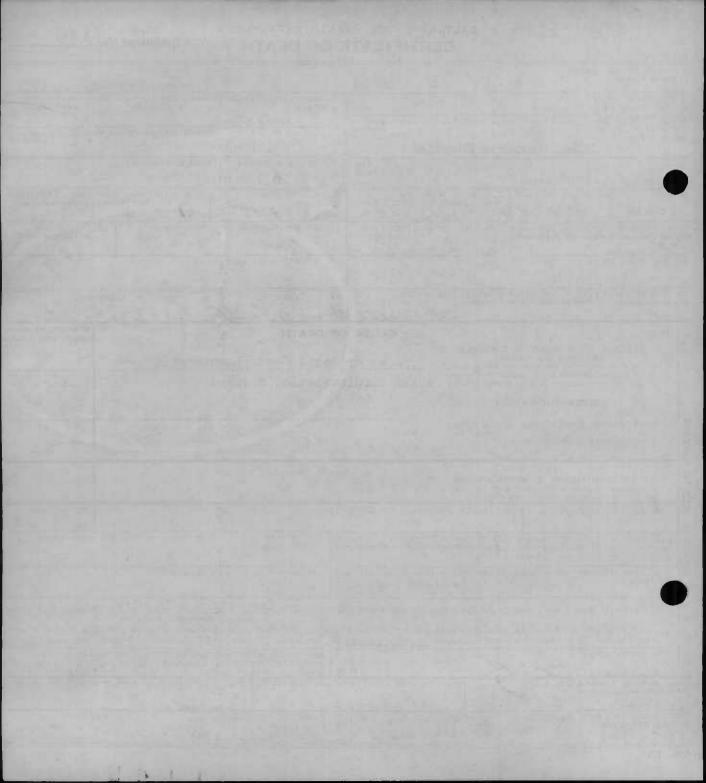
Registered No-

BIRTH NO 1. NAME OF DECEASED 2. DATE MADDIE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. O. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED, B. DATE OF 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SOCIAL DDRESS SECURITY NO. CAUSE OF DEATH 4.20.0 ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ū 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an transfer that I took charge of the remains described above, held an transfer that I took charge of the remains described above, held an transfer that I took charge of the remains described above, held an transfer that I took charge of the remains described above, held an transfer that I took charge of the remains described above, held an transfer that I took charge of the remains described above, held an transfer that I took charge of the remains described above, held an transfer that I took charge of the remains described above, held an transfer that I took charge of the remains described above, held an transfer that I took charge of the remains described above. the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🖫 accident 🗆, suicide 🗀, homicide 🗀, undetermined 🗀. 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-ZAB. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS BEGISTRAR V S 151





3	530	r- 2	4440								
		53.	1146	BA			OF DEAT		Register	ed No.1	46
_	RTH NO.										
	NAME OF D	ECEASED		ARTHA	F	SMITH			2. DATE OF DEATH FE	bruar	4, 1951
	Baltimore (	City, Ma					4. USUAL RESID		nere deceased lived B. COUNTY		ition: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (lf	not in hospit	al or institu	tion, give str	eet address or location)	c. CITY OR TOWN		utside corporate l	imits, writ	e RURAL and give
4	4	Unio	on Memor	rial Ho	spital	Yrs.	Balt D. STREET ADDR	imore	ural, give location	2 - 0	3 www.saip
	ngth of s	stay in B	altimore			Mos. Days		Barcla	y Street		
5	Female		R OR RACE		E. MARRIE	D. RCED (Specify)	8. DATE OF BIRT	H 1889	9. AGE (In year: last birthday)	Months !	Year If Undar 24 Hours Days Hours Min.
	A. USUAL OC	CCUPATIO	N (Give kind of		D OF BUSI	NESS OR INDUSTRY	11. ORTHPLACE	(State or for	eign country)		ITIZEN OF
	Weare B. FATHER'S	2.	0,00001110011007	Teste	le mi	lla	mol 14. MOTHER'S M.	AIDEN NAI	ME		VIIAT GOOMTKT
1 %	, rather 5	INCHE	~				14. MOTHER & M.				
15 (Ye	5. WAS DECEAS	ED EVER II	N U.S. ARMEI	FORCES?		URITY NO.	17. INFORMANT	mille	3028d	addre	ss
ERTIFICATION	(This doe heart fail injury or DISEASE RISE TO UNDERL	LEADIN so not mea ure, asthen complica ANTECE SOR CONTHE ABOVE YING CO	IG TO DEA n the mode of ia, etc. It mes tion which of DENT CAUS NDITIONS, I E CAUSE (A) NDITION L I I ANT CONDI DEATH, BUT	TH of dying, e. ins the disea caused deat SES F ANY, GIVI STATING T IST.	g., (A) see, (A) MONE.  NG (B) NG (C)	xx cardi	tensive art ovascular d	***************************************	Lerotic		
CER		DISEASE OF	R CONDITION	CAUSING	IT	S OF OPER	ATION			[	20. AUTOPSY?
AL		NAME OF THE		l ata Di	ACE OF IN	JURY (e.g., in	or 21c. WHERE	DID (If	in Baltimore Ci		YES NO X
EDICAL	21A. EXTER UNDERLYIN UTING [	IG OR	CONTRIB-			treet, office bldg., o				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
M	21D. TIME OF INJURY			m.	WHILE AT WORK	NOT WHILE					
	22. I certi	ify that	I took char	ae of the	remains	described a	bove, held an In	spectio	on & Inqui	ry the	ercon and from
	the ev	idence of	btained by	said Aut	opsu. Insi	pection or I	nquiry, find tha	Autopsy, In t said dec	ecased died or	iry i the da	y stated above
	23A.SIGNA		To de la	resident of the second	jione. <u>new</u>		238. CHIEF M	EDICAL E	XAMINER	23c. DA	TE SIGNED 5, 1951
	4A. BURIAL,		48. DATE	,3	24c. NAME		D.   MEDICAL INV	24D. LO	CATION (City, to		
	Burial		2/8	51	SI	Mong	is	Ham	reden.		
	ATE RECEIVE	FRAR	REGISTRAR	SSIGNATI	URE VALLE	4.15	25. FUNERAL DII	RECTOR	D. 111-	ADD	RESS
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V	S 151				6	849	LE I	4 6	1 1 4	93	DV

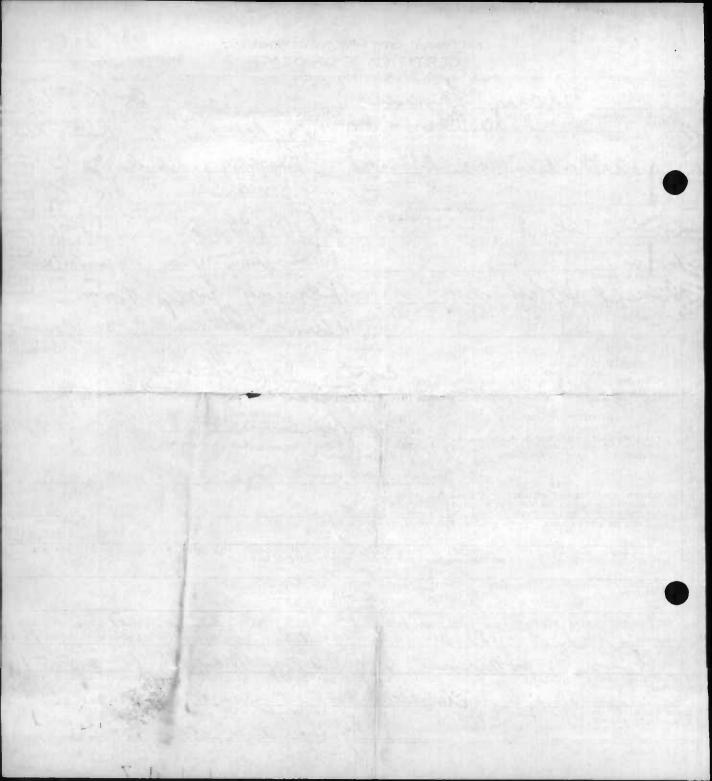


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51 1147 BALTIMORE CUTY HI	EALTH DEPARTMENT 51. 1147
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Edward MARTI	V 2. DATE OF FEB 6 1951
a. Baltimore City, Maryland HAL-5	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STAŢE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
33	So Phia township)
congth of stay in Baltimore  Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location)
MALE 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9. AGE (In years I Under I Year I Under 24 Hours Min. 1-18-94 Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, eveo if retired)  INDUSTRY	11. BIRTHPRACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT AND HEALT INC. MANUAL ADDRESS
(Yes, oo or uekoewn) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT WILL HOPKINS EGSPITAL ADDRESS
18. /62× CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	vorrhas - 1:100
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	- A C to las / was
O DISEASES OR CONDITIONS, IF ANY, GIVING	cinima y tracked 6 mos.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
LI TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	of tracher YES NO
218. PLACE OF INJURY (e.g., i LYING OR CONTRIBUTING CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR TINJURY  MILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	-18-1951, to 2-6-, 1951, that I last saw the
deceased alive on 2-6-, 1951, and that death occur	rrea at $+$ $+$ $m$ ., from the causes and on the date stated above.
231. SIGNATURE V. Kuffer. Lr. M.D. 2	POR S POPKINS HOSPITAL 230. DATE SIGNED
24A. BURNAL, CREMA- 24B. DATE 244 NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
FEB 6-1951 Mustington / Musuus, Mas	Cay Motrella
VS 150	1403 6. 25451 470
	- 100011110

Hemore hage it store. Carringer & Tracker & many

51 1148 Registered No.

BIRTH NO.	
1. NAME OF DECEASED HOW Themes	2. DATE OF A-Y-51
A. Baltimore City, Maryland 2530 Workson M. A. S	USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY (Figure admission)
HOSPITAL OR INSTITUTION  1 500 Modern fre, Belle. Med	CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore	STREET ADDRESS (If rural, give location)
SEX 6. COLOR OR RACE 7. SHNOLE: MARKIES. WIDOWED, DIVORCED (Specify) 8.	DATE OF BIRTH  9. AGE (In years it Under 1 Year Months Days Hours Min.
work done during most of working life, even if retired)  INDUSTRY	BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER N U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If fey, give war or dates of service) SECURITY NO.	Worse Plan 25 30 Maling
18. 4//X I CAUSE OF	DEATH INTERVAL BETWEEN ONSET AND DEATH
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO Please	i Insufferent ?
ANTECEDENT CAUSES	realism + 2
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	in osslern-
OTHER SIGNIFICANT CONDITIONS CON-	maloge
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPERATIO	DN 20. AUTOPSY? YES NO
About home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby ecrtify that I attended the deceased from !-	3 , 1947, to 2. 4- , 1957, that I last saw the
deceased alive on 1911, and that death occurred 23A. SUNATURE 23B.	at, m., from the causes and on the date stated above.  ADDRESS
24A. BURIAL CREMA- 24B. DATE   24C. NAME OF CEMETERY O	R CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial February 9.1961 Clayrabeth Bine	clery Hampton Chiabeth Buty Va
DATE RECEIVED BY REGISTRAR'S SIGNATURE	FUNERAL DIRECTORY ADDRESS
EEB AR 720 2	920



B-6551149

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X 51 1149 Registered No.

BI	RTH NO.								
(T	NAME OF DECE ype or Print)	.JASPE	R BERRY	MAN		2. DATE OF DEATH	5/51		
Α.	PLACE OF DEAT Baltimore City	, Maryland	acto me	4	A. USUAL RESIDENCE	E (Where deceased lived, B. COUNTY			
H	STITUTION	10 /	al or institution, give stre	2 A 2 \ Per	CITY OR TOWN		nits, write RURAX and give waship)		
	maux.	lu xy	ener Wil	Yrs. I	STREET ADDRESS	. 0 .	(200		
5.	ength of stay	in Baltimore	7. SINGLE MARRIED	Days   8	Lings	9. AGE (In years)	If Under 1 Year   If Under 24 Hours		
	724 -	71-	WIDOWED, DIVOR	6	756/1881	65	Months Days Hours Min.		
	A. USUAL OCCUP	PATION (Give kind of king life, even if retired)	Institution	INDUSTRY	1. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S NAM	5)00	07711	1	4. MOTHER'S MAIDE	EN NAME	00		
15 (Ye	. WAS DECEASED E	VER IN U. S. ARMEI		RITY NO.	7 INFORMANT	Jan San	ADDRESS AND .		
	18. 560	.0.	214-03	CAUSE OI	F DEATH	The state of the s	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE	OR CONDITION	TH	Pul	menon	em bolisni.	30 100		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
Z	AN	TECEDENT CAU	SES (B)	Suba	Toneires her	votoma posto	motive 6 days		
TIOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
FICA				Sogan	al permot	mples			
ERTI		NIFICANT COND THE DEATH, BUT	NOT RELATED			V			
U	19A. DATE OF	SE OR CONDITION	CAUCINO III	S OF OPERAT			20. AUTOPSY?		
AL	1/31	1511	Biloterol		ensuinal	hernen	YES NO		
EDIC	21A. ACCIDENT HOMICIDE (	, SUICIDE, Specify)	21B. PLACE OF IN- about home, farm, factory, st			(If in Baltimore City	, give exact location)		
Z	21D. TIME (Mo:	nth) (Day) (Year	(Hour) 21E, INJUR	NOT WHILE	21F. HOW DID IN	JURY OCCUR?			
			m.   WORK	AT WORK	30 195/ +	21 5 10	5/ 12-1 1 lest and 12-		
	22. I hereby c	ertify that I att	ended the deceased	death occurre		om the causes and on	, that I last saw the the date stated above.		
	23A, SIGNATUR	her &	Chamber	231	a. ADDRESS	Hospital	23c. DATE SYGNED		
2. TI	4A. BURIAL, CRE	MA. 24B. DATE	1		or CREMATORY 2	4D. LOCATION (City, too	vn, or county) (State)		
	ATE RECEIVED E	Y REGISTRAR	S SIGNATURE	2	5. FUNERAL DIREC		ADDRESS		
=	Ve 150								
	VS 150		Marie Marie / 1960	liame, Mis	et		1220		
				510	9 11) 0 8				

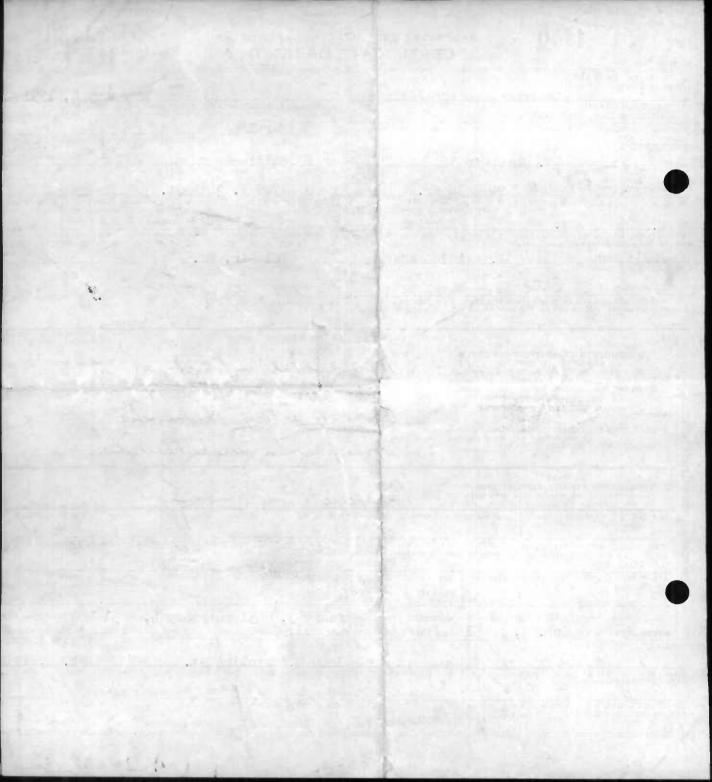
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH A

51 11.50 Registered No.

ВІ	RTH NO.		CERTIFICAT	E OF DEAT		
	NAME OF DECEASED uppe or Print)				2. DATE	
(1	Peters	on. Geo	rge William		DEATH Febr	uary h. 1951
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived, I	f institution: residence before admission)
H	FULL NAME OF (If not in hospit DSPITAL OR STATISTICS	tal or institut	ion, give street address of location			its, write RURAL and give
	// St. Jo	seph!s		Balti	more	7 6 Cownship)
4			Yrs.		SS (If rural, give location)	
	ength of stay in Baltimore	3	8. Vr. Mos.	1705	E. 28th St.	
5.	SEX 6. COLOR OR RACE		E, MARRIED. ED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE/(In years)	Il Under 1 Year   If Under 24 Hours
	M W.		Married	"	last birthday)	lonths Days Hours Min.
	A. USUAL OCCUPATION (Give kinder	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF
work	done during most of working life, even if retired)		INDUSTR	Y		WHAT COUNTRY
1.3	Salesman FATHER'S NAME		stenhaner	14. MOTHER'S MA	ir Md.	
	Party of the state of		190 ms (M	22-	Y / / 1	
4	made auch	ron		June 1	resserves	
(Ye	. WAS DECEASED EVER IN U.S. ARME , no or unknown) (If yes, give war or date	D FORCES? a of service)	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18.420.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTIV	NI			ONSET AND DEATH
	LEADING TO DEA	TH	M.	200.1.0		
	(This does not mean the mode of heart failure, asthenia, etc. It means			curaci i	ufarction	•••••
13	injury or complication which				0	
	ANTECEDENT CAUS	SES			.11	
z			(B) Loron	ary arter	Thrombous	
TION	DISEASES OR CONDITIONS, I			/ /	thrombosis	
A	UNDERLYING CONDITION LA		I MALO	an rater a	cleroke heart d	
U			(C) LADIMENTAL	sing and wills	and the	
TIFE	The state of the s		^ -			
ERTI	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT			. 1		- 12 13 13 17
Ü	TO THE DISEASE OR CONDITION			are mec	mone	
	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPE	ERATION /		20. AUTOPSY?
4						YES X NO
EDICA	21A. ACCIDENT WAS UNDER-		ACE OF INJURY (e. g. farm, factory, street, office bldg			give exact location)
ME	LYING OR CONTRIBUTING CAUSE OF DEATH	ubodi nono,	MI 11, 14, 14, 1000 J, 1000 J, 1000 J, 1000 J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	21D. TIME (Month) (Day) (Year PF INJURY	) (Hour)	21E. INJURY OCCUR	RED 21F, HOW DID	INJURY OCCUR?	
	Moon	m.	WHILE AT NOT WHILE			
	22 I bank and for the first				7400-1-101	17 that I last ones the
	22. I hereby certify that I at deceased alive on Feb. 4.	tenaea the	aeceasea from FE	oruary by, 10 b	from the arrival and an	the date stated when
	23A/S/GNATURE	_, 19_5	ana that death occ	23B. ADDRESS	, from the causes and on	23c. DATE SIGNED
	11.11.0 1	Kana			7. 61	D 1 1 3 OF
2	LA BURIAL CREMA- BAB DATE	July	M. D.	THOO N. Care	line St. 24b. LOCATION (City, tow	n, or county) (State)
Tie	A. BIRIAL CREMA 24B. DATE ON REMOVAL (Specify)	5/11	Calleda	al -	Des Fuder	es Po.
	ATE RECEIVED BY   REGISTEAR	SIGNATU	JRE ( )	25. FUNERAL DIR		ADDRESS.
L	CAL REGISTRAR	ALL REST	Mining M. 3	19. 0-7	· Anna	3 dhe to
2	BE-1	- 6	- CANON IN COME	y osan	cy , our ,	311. 4
	VS 150		116.11	4 ()		/
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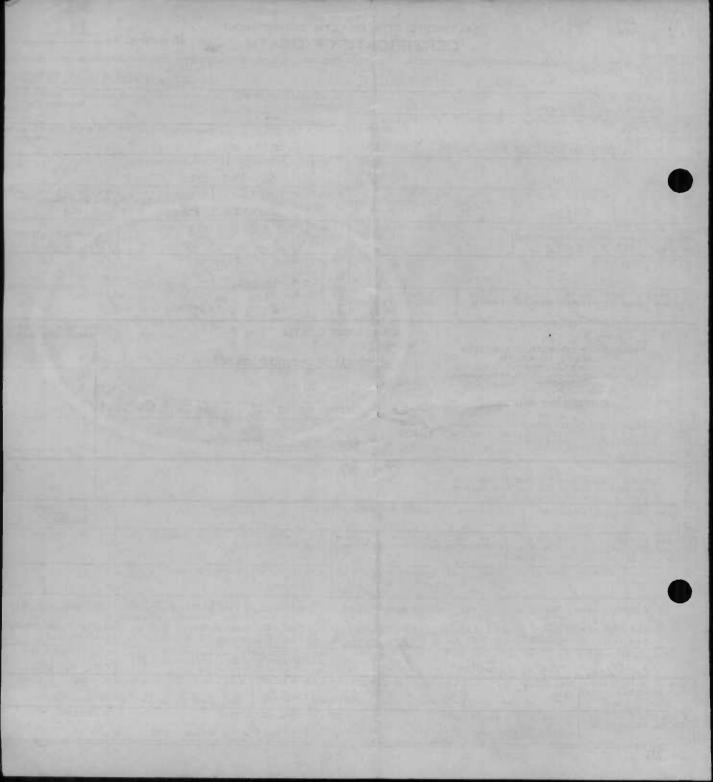


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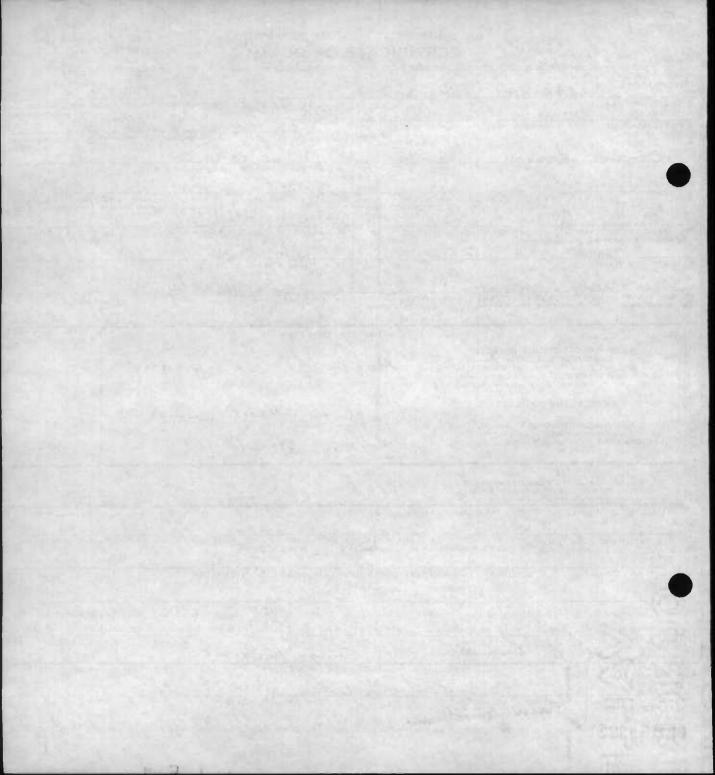
# BALTIMORE CITY HEALTH DEPARTMENT

51. 1351

BIF	RTH NO.				CERTI	FICATE	OF DEATH	Registered	1 110,
1.	NAME OF Dependent	DECEASED	JO	HN	N	AGLE		OF Fel	oruary 5, 1951
	PLACE OF D Baltimore	City, Ma					4. USUAL RESIDENCE (WA. STATE Maryland		If institution: residence before admission)
HO	FULL NAME SPITAL OR STITUTION		not in hospits			location)	c. CITY OR TOWN (If		mits, write RURAL and give township)
4	(3)	South	Baltimo	re Gen	eral Ho	Splual Yrs.	Baltimore D. STREET ADDRESS (If		3-0 0
	ength of			Lug	()	Mos. Days		apsco Street	
	sex Male		r or RACE		E, MARRIED (ED, DIVOR	CED (Specify)	9. DATE OF BIRTH 7 23 1886	last birthday)	Months Days Hours Min.
197		CCUPATIO of working life	N (Give kind of e, even if retired)	10B. KIND	OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S		M	/	2		14. MOTHER'S MALDEN N	AME	1,00,00
0	Law	rem	e M	sal	115 5051	0.1	Lauran.	Craw	-N
	, no or unknown	(If yes,	N. U.S. ARMED give war or dates	of service)	16. SOCIA	RITY NO.	mus & N	sale.	ADDRESS
	18. 3	30X	1			CAUSE	OF DEATH	1	INTERVAL BETWEEN
	(This do	LEADIN es not mea	ONDITION IG TO DEA" n the mode of	f dying, e.		Arter	iosclerotic cardi	iovascular	disease
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
		ANTECE	DENT CAUS	ES	(B)	Ruptu	red aneurysm of (	Circle of W.	illis
ERTIFICATION	RISE TO	THE ABOVE	NDITIONS, II E CAUSE (A) NDITION LA	STATING T		ox Subar	achnoid hemorrhag	ge	
FIC.			II						
RTI	TRIBUTIN	G TO THE	ANT CONDI DEATH, BUT R CONDITION	NOT RELAT	ED				
O	19A. DATE			Manager Land		OF OPER	ATION		20. AUTOPSY?
EDICAL		NG OR	SE WAS CONTRIB- OF DEATH.	21B. PL. about home,	ACE OF IN- farm, factory, st	URY (e. g., ir reet, office bldg., e		If in Baltimore Cit	y, give exact location)
M	21D, TIME OF INJURY		(Day) (Year)	(Hour)	21E. INJUR	NOT WHILE	21F. HOW DID INJUR	Y OCCUR?	
	the es	vidence o	btained bu	said Aut	onsu Inso	ection or I	bove, held an Par Autopsy, nquiry, find that said d A accident . suicide	Inspection or Inqui	the day stated above
	23A.SIGN		2/	JA STA	Trom. need		23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER	23c. DATE SIGNED Feb. 5, 1951
24 TIO	A. BURIAL.	CREMA-	24B. WATE	5	24C. NAME			Schert	
DA LC	ATE RECEIV	ED BY TRAR	REGISTRAR'	SSIGNAT	JRE /		25. FUNERAL DIRECTOR	Sans.	-13,8 hall
v	S 151			6 -		503	30		93) V



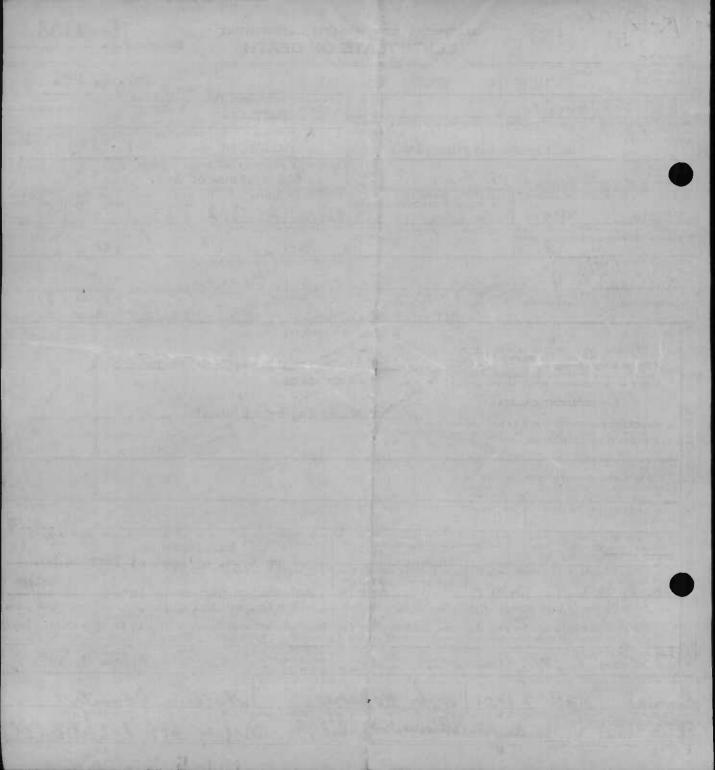
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	7	51 115	1	TIMORE CITY H		77 8		1152
В	IRTH NO. 50	-249/6		CERTIFICAT	E OF DEATH	- Regi	stered No	
	NAME OF D	MARVI	'n	GIVENS A	2.	2. DATE OF DEATH	2-6	-5-1
Α.		City, Maryland	-1 :1:1 -4		A. STATE	NCE (Where deceases		ion : residence before admission)
H	SPITAL OR	OF (11 not in nospit	al or institut	ion, give street address of location		(If outside corpo	prate limits, write	RURAL and give township)
C.	ength of st	tay in Baltimore	~ ( · ·	Yrs. Mos. Days	D. STREET ADDRE	SS (If rural, give loo	cation)	200
-	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH		hday) Months D	Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY		tate or foreign country		TIZEN OF HAT COUNTRY?
13	B. FATHER'S N	IAME	ens.	la	14. MOTHER'S MAI	IDEN NAME		
15 (Ye	o, was DECEASE	D EVER IN U. S. ARMEI (If yes, give wer or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	es :	ADDRES	s l. p
IFICATION	(This does heart failure in jury or DISEASES	TO THE PROPERTY OF THE PROPERT	of dying, e.g. ns the diseas caused death SES  FANY, GIVING STATING THE	(A) My (	of DEATH  cardial  initial He  X'c Sten	ax Discon	nig	SET AND DEATH
CERT	TRIBUTING TO THE DI	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE CAUSING I	Г				
CAL		7		FINDINGS OF OPE		ID (II in Dalaina		ES NO
1EDI		ENT WAS UNDER- R CONTRIBUTING DEATH	about home, f	arm, factory, street, office bldg.	etc.) INJURY OCCUP		ore Orly, give ex-	tet location)
2	INJURY	Month) (Day) (Year)		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?		
				and that death oecu	Z-6, 1951 rred at Z-54m., 238. ADDRESS 519 21 HOS	from the causes a	and on the dat	I last saw the estated above.  DATE SIGNED  -6
2. TI	4A. BERIAL, CON, REMOVAL (S	REMA- 24B. DATE pecify)	5- (	M. D. 1 24C. NAME OF CEMETI Richar J.		240. LOCATION (C		
	ATE RECEIVED	BY REGISTRAR	SIGNATU	Alliana 11 20	25. FONERAL DIRE	ECTOR	ADDI	ESS
	FEB 6. 1	951	6				1	57E



# BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	<b>TIFICATE</b>	OF DEATH	Registered No	)
1. NAME OF DECEASED (Type or Print) VICTORIA KOCH	I		2. DATE OF Feb.	2, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (What is a state Maryland		nstitution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give s HOSPITAL OR INSTITUTION  Polltimore (ity Hospi	location)		utside corporate limits,	write RURAL and give township
Baltimore City Hospi		D. STREET ADDRESS (If ru	ral, give location)	0 3
Length of stay in Baltimore Sa gran	Mos. Days	612 S. Kenwo		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRI WIDOWED, DIVO	ED. ORCED (Specify)	DATE OF BIRTH	9. AGE (In years If it last birthday) Mon	ths Days Hours Min.
Female White Wildow  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even life tired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fire		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM		w. o. q ,
Flerdinand Yawlik		unpenaw	n	
	CURITY NO	17. INFORMANT	AD!	DRESS 2 816
	57 - N2 67 7	namas & Koch	Clifton F	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE OF	r DEATHY		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (,) heart failure, asthenia, etc. It means the disease,		le fractures, cor prasions	itusions and	
ANTECEDENT CAUSES				
Z DISEASES OR CONDITIONS, IF ANY, GIVING	s, Crushi	ng injury of ches	s.t	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE UNDERLYING CONDITION LAST.	E TO C)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT	GS OF OPERAT	TION		20. AUTOPSY?
7				YES NO X
UNDERLYING I OR CONTRIB. ahout home, farm, factory			in Baltimore City, give imore Co.	ve exact location)
	et URY OCCURRED		5 Fast of Te	errace Rd.
eb. 2. 1951 10:30 Pa. WHILE AT WORK	NOT WHILE	Pedestrian str		5300
22. I certify that I took charge of the remains	s described abo	ove, held an Inspectio	n & Ing.	thereon and from
the evidence obtained by said Autopsy, In and death in my opinion resulted from: no	spection or Incatural causes	quiry, find that said dee	spection or Inquiry eased died on the $\square$ , homicide $\square$ , un	day stated above determined □.
Mauley & Durla	eleer M.D	298. CHIEF MEDICAL EX ASSISTANT MEDICAL EX MEDICAL INVESTIGATO	KAMINER	. 3, 1951
Bulial (Specify) Feb 7 1851 Hol	y Robar	ry Bal	Cation (City, town, o	nty
TEB 6 1951 REGISTRAR'S SIGNATURE	us, Mill	ohn h. Welle	401 1.	Chester/it
VS 151 N-862.2		0 0 0 1 1	E 0 /	702

on part 1 (1 ) (1 )



51 1154 BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland /1/3 A. STATE B. COUNTY. before admission) (If not in hospital or institution, give street address or B. FULL NAME OF umore HOSPITAL OR docation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. ATE OF BIRTH 9. AGE (in years) If Under 1 Year II Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. IOA. USUAL OCCUPATION (Give kind of) . BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Koone Dutles didunnor timoso uso 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. No. INTERVAL BETWEEN CAUSE OF DEATH 443X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY No 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from I an Ele-. 192 / that I last saw the deceased alive the 1951, and that death occurred at 7. m., from the causes and on the date stated above, 23c. DATE SIGNED 23B. ADDRESS

24C. NAME OF CEMETERY OR CREMATORY

LOCAL REGISTRAR

Buscal

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

24B DATE

25. FUNERAL DIRECTOR

ADDRESS '

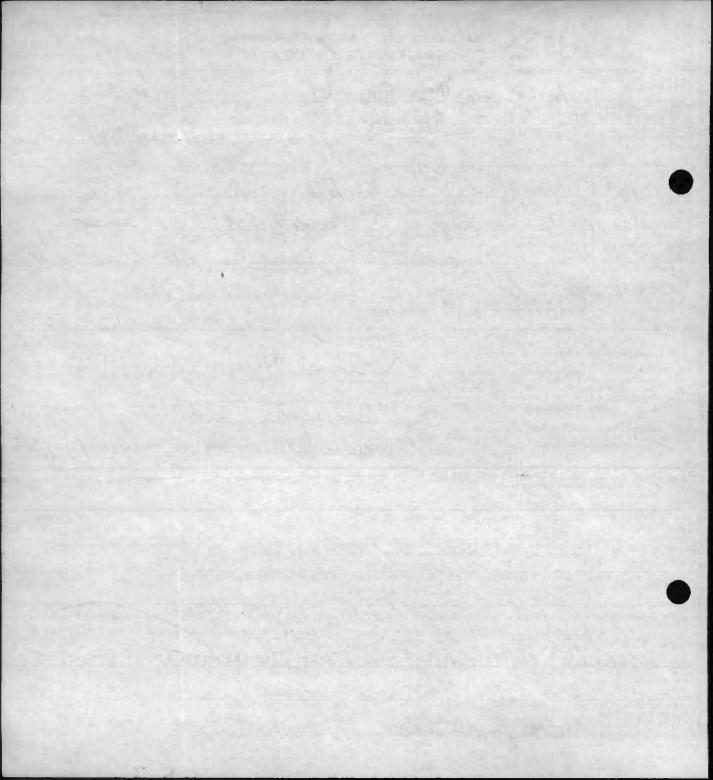
(State)

maynin to-Syfer - 1600 W-No

24b. LOCATION (City, town, or county)

VS 150

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"Culture was negative"

See Document File for various statements

3/20/51 ES

AV. TERMEN STATE OF THE STATE O

BOOK AND REAL PROPERTY OF THE PROPERTY OF THE

20. AUTOPSYT

DF INJURY

22. I hereby certify that I attended the deceased from

NOT WHILE! WHILE AT

45, 1951, to 2 · 5 · , 1951, that I last saw the 19 5/, and that death occurred at 6 a.m., from the causes and on the date stated above.

deceased alive on\_ 234. SIGNATURE

23c, DATE SIGNED

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

2 FUNERAL DURCTOR

HEASO HO STADI MISSION

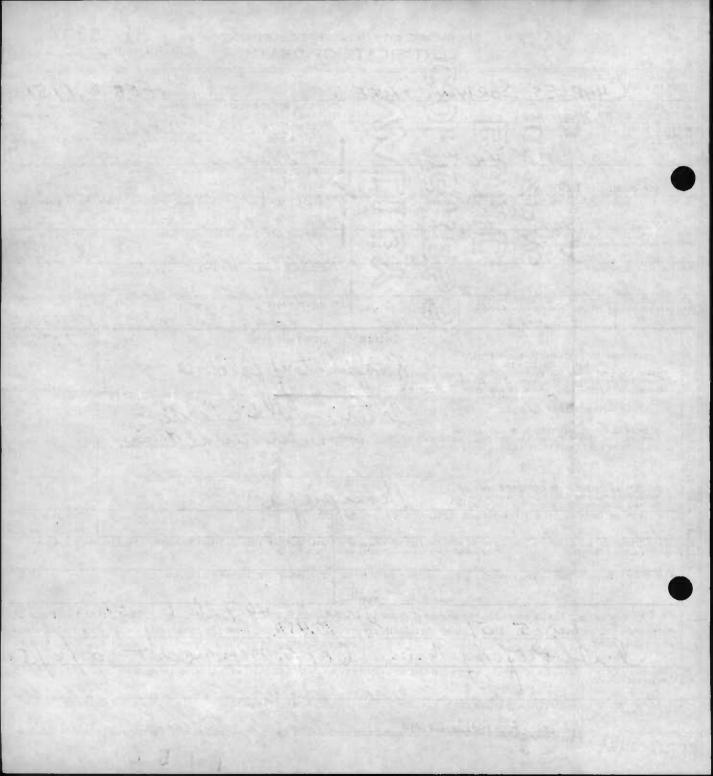
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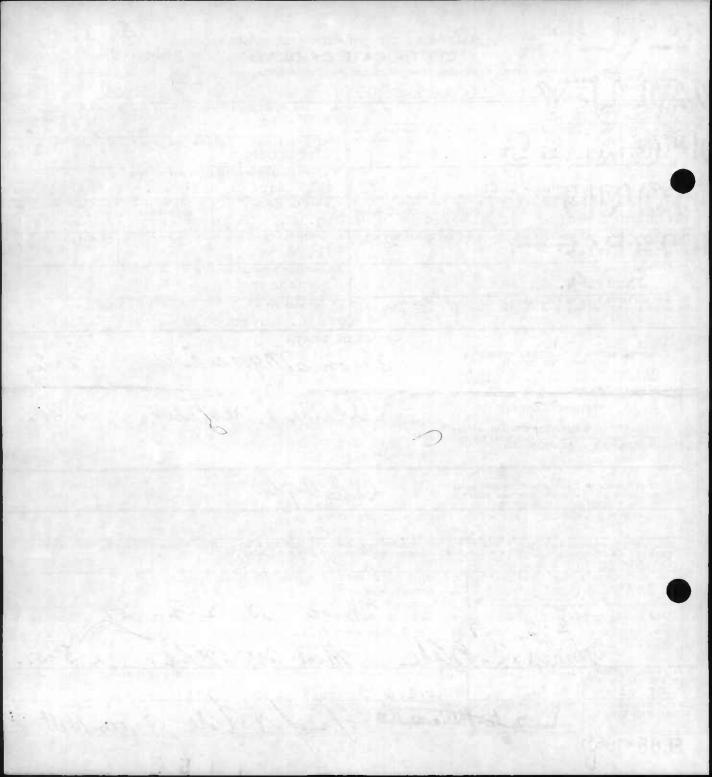
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	320						AATTY
	- F	51 1157			ALTH DEPARTMENT		1157
В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	NO
1. (T	NAME OF D		SOR D.	AN GATE	5	2. DATE OF FEI	3 6.1951
	PLACE OF DE Baltimore				4. USUAL RESIDENCE (		institution: residence before admission)
	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)	MARYLAND	TALB	OT
	STITUTION	320 NM	1 1 100	and the same of th	C. CITY OR TOWN (1)		ts, write RURAL and give township)
		-	0 /4 /4 /4	Yrs.— Mos.	D. STREET ADDRESS ()		7000
6	Length of st	tay in Baltimore 6.COLOR OR RACE	17 SINCLE	MARRIED.	NONE 8. DATE OF BIRTH	To Act in your	Il Under 1 Year   If Under 24 Hours
٥.	M	O. COLOR OF RACE	WIDOW	ED, DIVORCED (Specify)	6. DATE OF BIRTH		onths Days Hours Min.
16	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or s	oreign country)	12. CITIZEN OF
wor!	k done during most o	of working life, even if retired)	0	INDUSTRY	111	-	WHAT COUNTRY
13	FATHER'S N	EAME NAME	1 0	95TERING	14. MOTHER'S MAIDEN N	IAME	0.0.14
	41	- well	On-		F 10 2/10	60072	
15	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT	01112	ADDRESS
(10	M/ n	N/ TN	E or service)	SECURITY NO.	TRATHA	BALLEY 3	20 NMINATE ST
	18. 44-	> V		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	D			ONSET AND DEATH
	(This does	LEADING TO DEA	of dying, e. g	., (A) Kest	zer atory Lack	ure	
		re, asthenia, etc. It mes complication which			11		
_		ANTECEDENT CAU	SES	An to	isselestic	Cardin-	
0		S OR CONDITIONS,			4 - 1		
AT		THE ABOVE CAUSE (A)		E DUE TO	ascular run	al disoas	2
FIC				(C)			
RT	OTHER	II SIGNIFICANT COND	ITIONS CO	/	Λ		
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D Nem	e plesia		
_			9B. MAJOR		ATION		20. AUTOPSY?
CA			1 04- DI		Lote William Din	To to Deltier Office	YES NO
EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)	about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
ME	210 TIME	(Month) (Day) (Year	(Hone)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY	(Month) (Day) (Year		WHILE AT   NOT WHILE		, occox,	
			m.	WORK AT WORK	100 J	11 10	7)
		y certify that I att	tended the	deceased from	red 6.45 B.m., from	the envises and an	that I last saw the
	23A. SIGNA		0		3. ADDRESS /	ine causes and on t	23c. DATE SIGNED
		· Duoro	John	14.0 ·M.D.	60/ N. mon	west	2/6/51
2	4A. BURIAL, ON. REMOVAL (S	CREMA- 24B. DATE	1	24C. NAME OF CEMETE	RY OR CREMATORY 240. 1	OCATION (City, towr	, or couply) (State)
	BURLA	- 7-91	5,	KICHARDS	EMETERY L	- ASTON	MARYL AND
	ATÉ RECEIVE OCAL REGIST		'S SIGNATU	RE	25. FUNERAL DIRECTOR	77//	ADDRESS
		2 - et 14	the Table	and Miss	4 Dan Si	Allians	EASTON
41	EB6-1895	7 1		174,000		en :	1210
1		12,800	* * ma 100 0 1	-	1 1 1 0	5 9	1-10



51. 1158

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered 1	No.
1. NAME OF DECEASED				
(Type or Print)	ia Elizabeth Soper		2. DATE OF 0 Z	57
3. PLACE OF DEATH:	ra biragoe ou bobei	4. USUAL RESIDENCE (	DEATH 2-3-	O.L.
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission
B. FULL NAME OF (If not in hos HOSPITAL OR	pital or institution, give street address or		0 7	04
INSTITUTION	location)	C. CITY OR TOWN	lf outside corporate limit	ts, write RURAL and giv
4519 Marole Hal.	1 Rd. Apt. North Wood	Baltimore		township
	Yrs.		f rural, give location)	
Length of stay in Baltimore	Life Mos.	4319 Marble	Hall Rd. No	rth Wood
5. SEX   6. COLOR OR RAC	E   7. SINGLE, MARRIED.	8. DATE OF BIRTH		f Under I Year   If Under 24 House
Female   White	WIDOWED, DIVORCED (Specify)	Dec.12,1865		onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind			1 00 11	50 da
work done during most of working life, even if retir	red) INDUSTRY	11. BIRTHPLACE (State or	toreign country)	12. CITIZEN OF WHAT COUNTRY
Home Duties		Baltimore		Will GOOKING
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
Samuel D. Ba	teman	Unknown		
15. WAS DECEASED EVER IN U. S. ARM	MED FORCES?   16. SOCIAL	17. INFORMANT		
(Yes, no or unknown) (If yes, give war or d	ates of service) SECURITY NO.			DDRESS
	None	ora L. Soper	4319 Marble	
18. 422.2		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	N DIRECTLY	onic Myrca	endite.	O 11
LEADING TO DE	e of dying, e.g.,	once my	numo	2750-
heart failure, asthenia, etc. It m injury or complication which	neans the disease, caused death.) DUE TO			
REPORT OF THE PROPERTY.	Caused death, Due 10	1 A	1++	A 1.
ANTECEDENT CA	USES	cute Dil	Alulina	3 mo
O DISEASES OR CONDITIONS	. IF ANY, GIVING	00000 70 00	MINOR	
RISE TO THE ABOVE CAUSE () UNDERLYING CONDITION	A) STATING THE OUE TO			
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE () UNDERLYING CONDITION	(C)		***************************************	
<u>ii</u>				
OTHER SIGNIFICANT CON	DITIONS CON-	dage.		
TRIBUTING TO THE DEATH, BL	IT NOT RELATED	auge.		
TO THE DISEASE OR CONDITION		MATION.	=	
J ISA. BATE OF GFERATION	198, MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER	218 BLACE OF INTURY (	Late Wilens Dip	(Te := D. M.)	YES NO L
LI ETHOLL OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		(If in Baltimore City, g	five exact location)
CAUSE OF DEATH				
FINJURY (Month) (Day) (Yes	ar) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
THOUSE THE STATE OF THE STATE O	m. WHILE AT NOT WHILE			
00 77 1 11 111 111 11	7/4.	20 00	7 - 2 2	-/
	ttended the deceased from M	2-20 , 100, to .	2 - 19-	that I last saw the
deceased alive on	1931. and that death occur	red at 1:10 Am., from	the causes and on th	ie date stated above
23A. SIGNATURE	0 8/1/2	3B. ADDRESS	211.	23c. DATE SIGNED
Jinneu	, . / / M. O.	mea. uso	nag.	12-3-51.
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town,	or county) (State)
Burial 2-6-5	Moreland Me	emorial Park	Paltimore	
DATE RECEIVED BY   REGISTRA	R'S SIGNATURE	28. UNERAL DIRECTOR	/ GIMOPE	ADDRESS
LOCAL REGISTRAR	Traiter Molliages Mitt	trad Att	/do 1015	W. Belto, St.
777 6 1053		Jugy!	ore 17/3	W, 10 WO, ST.
FEB6-1951				92)
			1 1 1	12/
	1 12		1 0 /	



4520 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth A. Meineke OF DEATH February 4,1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 1836 W. Saratoga At. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos ngth of stay in Baltimore 1836 W. Saratoga St. Days 9. AGE (In years | II Under | Year | If Under 24 Hours | Months Days | Hours | Min. 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Hemale hite Widowed Apr. 25.1867 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Home Duties INDUSTRY WHAT COUNTRY? Brooklyn, N.Y. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl Meyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service)

16. SOCIAL SECURITY NO. None

DUE TO

CAUSE OF DEATH

17. INFORMANT

ADDRESS Charles F. Meineke. 1836 W. Saratoga INTERVAL BETWEEN

(If in Baltimore City, give exact location)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DISSECTING ANEURYSM (?)

21c. WHERE DID

INJURY OCCUR?

APPERIO SOLOROSIS GEN, SELORE

21F. HOW DID INJURY OCCUR?

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER

about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

INJURY WHILE AT

22. I hereby certify that I attended the deceased from. 1951, and that death occurred at 7:30 And., from the eauses and on the date stated above.

deceased dive on 75. 3 23A. SIGNATURE

24B. DATE

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)/

23c. DATE SIGNED

1957 that I last saw the

ADDRESS

20. AUTOPSY

ONSET AND DEATH

TION, REMOVAL (Specify) Burial DATE RECEIVED BY

REGISTRAR'S SIGNATURE

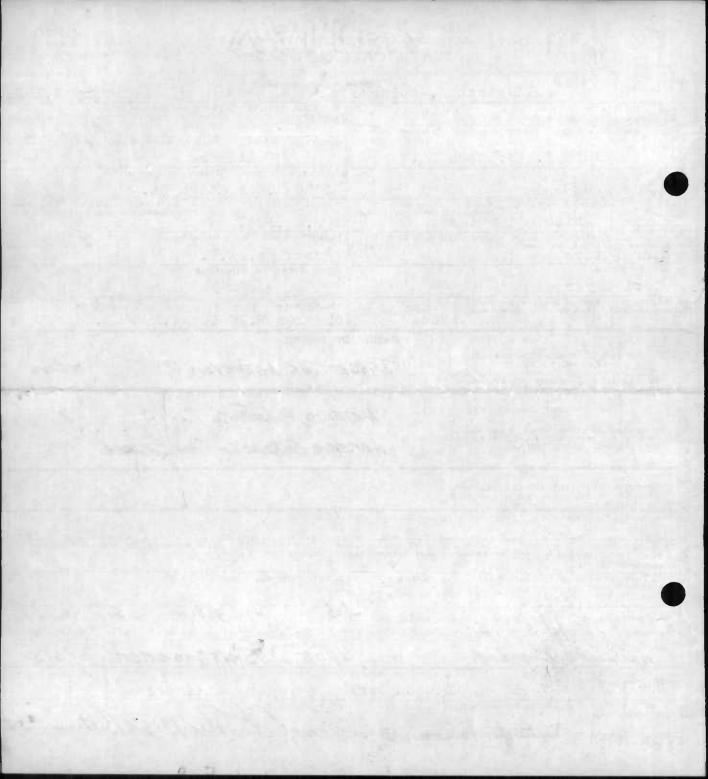
Loudon Park

Baltimore

LOCAL REGISTRAR

ERTIFICATION

25. FUNERAL DIRECTOR



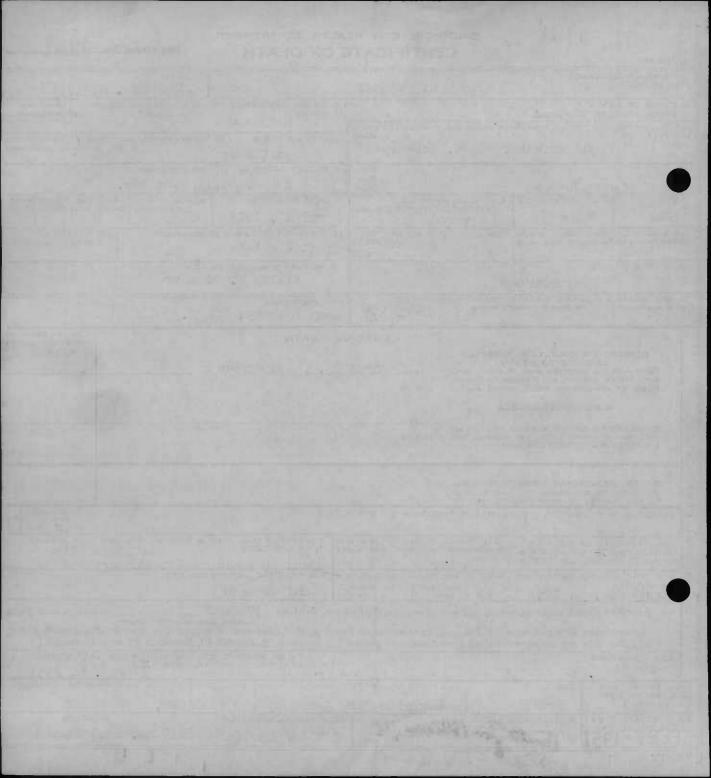
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U.t.	1101

	-	, , , , ,			CERTIFIC	CATE	OF DEAT	H	Registered	No.		
BI	RTH NO.5	5-1201	/		OZIVI II	O/ 11 12	O. DEM					
	NAME OF I	DECEASED	RICKE	CY	LAMONT	DE	DMON		of Feb.	3, 1951.		
A.	PLACE OF D Baltimore	City, Mary					A. USUAL RESIDE	ENCE (Wh				
B. Ho	FULL NAME	OF (If no	ot in hospita	al or institut	ion, give street ad	dress or ocation)	Paryi	LIIU.	11.	-0.7		
IN	STITUTION	1117 Wo	odvear	· St.	*	oca don)	c. CITY OR TOWN Baltimo		utside corporate lim	its write RORAL a	and give wnship)	
						Yrs.	o. STREET ADDRE		ral, give location)			
1		stay in Bal				Mos. Days	1117 Woo	dyear	St.			
5.	Male	6.COLOR Color		7. SINGLE	E. MARRIED. VED. DIVORCED	(Specify)	B. DATE OF BIRTH	950.	9. AGE (In years last birthday)	fi Under   Year   H Under   Year   H Under   Hours	s Min.	
10	A. USUAL OC	CUPATION	(Give kind of	10B. KIND	OF BUSINESS	OR	1. BIRTHPLACE (S		eign country)	12. CITIZEN O	F	
	done during most		en il retired)		INL	USTRY	Baltin	iore,	md.	WHAT COU	INTRY	
13	. FATHER'S	NAME 0					14. MOTHER'S MAIDEN NAME					
	Jame		oma	•			Edith					
15 (Ye	. WAS DECEAS	(If you, give	J. S. ARMED war or date	FORCES?	16. SOCIAL SECURITY	Y NO.	Edith L	Dedm	on- 1117	ADDRESS Nordycav	st.	
	18. =	883.6	2		CA	USE C	F DEATH			INTERVAL BE		
п	DISEA	SE OR COM	I	DIRECTLY						ONSET ANO	OLATE	
п	(This doe	LEADING s not mean	TO DEAT	TH f dving o	r (a) F	acid poison	ing(ch	renie)				
	heart fail	ure, asthenia,	etc. It mea	ns the diseas	se,	fi haf ula s oda dudu s go	larba bed autor belor a ne find electrorists diff, by i shaft		************			
	injury of	r eomplicatio			.) OUE TO							
B		ANTECEDE	NT CAUS	ES	(B)							
Z		S OR COND			NG .		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	***************************************	**************************************		**********	
RTIFICATION	UNDERL	YING CONE	DITION LA	ST.	(C)					00 (000)		
S					(0)		***************************************		***************************************		************	
H	OTHER	SIGNIFICAN	II CONDI	TIONS COL	N.							
R	TRIBUTIN	G TO THE DE	ATH. BUT	NOT RELATI	ED							
CE		OF OPERATI			FINDINGS OF	OPERA	TION			20. AUTO		
L	10%. 27(12		×							YES X	NO [	
CA	21A. EXTER	NAL CAUSE	WAS		ACE OF INJURY			ID (If	in Baltimore City,	give exact locatio	n)	
EDICAL	UNDERLYING UTING	GAUSE OF	DEATH.		farm, factory, street, of	nce Diag., ex	1117 Wee		St	16/2		
ME	210. TIME	(Month) (Da	ay) (Year)		Home 21E. INJURY O	CCURRE	21F HOW DID	INJURY	OCCUR?			
		Finjury   While at   Not while   Treatment of diaper rash with									acı	
	22. 1 cert	ify that I t	ook char	ge of the	remains descri	ribed ab	ovc, held an _A	utopsy	r	thereon and	l from	
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the da and death in my opinion resulted from: natural causes $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetended.										above	
	23A. SIGNA		opinion	resuited )	rom: naturat	causes	23B. CHIEF ME			3c. DATE SIGNE		
	ATT	ande	3/	8-00	hurlow	le N.	ASSISTANT ME	EDICAL EX	KAMINER	eb. 5. 1951	1	
2	REMOVAL	Specify) 9	B. DATE	95	24C NAME OF	EMETER	Y OR CREMATORY	240,100	CATION (City, tow)	n, or county)	(State)	
D	ATE RECEIVE	D BY RE	GISTRAR'	S FIGNATI	IRE	V JUII	5. FUNERAL DIR	ECTOR	www.	ADDRESS 32	21	
100	DEAL MESELS	TRAK 1		Time 14	11: 4.11 11 11	100	0 1/1	- /1	44	1		

Registered No. 1161

В	IRTH NO.									
(1	NAME OF E		WILB	UR G. STARKEY			2. DATE OF DEATH Feb	. 4,	1951	
A.		City, Maryland	al or ineritu	tion, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY  Before admission					
H	OSPITAL OR	Found in wate		location)						
	anoth of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
5.	sex Male	6.COLOR OR RACE	MIDOA	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under I Year   If Under 24 Hou					
		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S West Virgi	State or fore	ign country)		ITIZEN ( HAT CO	
13	FATHER'S	Okey Starke	y		14. MOTHER'S MAIDEN NAME Lillie N. Oldaker					
(Ye	. WAS DECEAS: a, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 235-16-0269	Okey Starkey, 204 S. Collington Avenue					ie ie
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Drowning, found drowned  (B)  DUE TO  (C)									
CER	TO THE D	TO THE DEATH, BUT ISEASE OR CONDITION   1	CAUSING I		ATION				20. AUTO	
	134. 5412	or Example						,	YES X	NO [
MEDICAL	ound Feb. 4, 1951 12:50m. WHILE AT NOT WHILE & Found drowned									
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes \(\sigma\), accident \(\overline{\mathbb{X}}\), suicide \(\sigma\), homicide \(\sigma\), undetermined \(\sigma\).									
	23A. SCHATURE    23B. CHIEF MEDICAL EXAMINER									)51
TI	on removal (S burial	CREMA- 24B. DATE pecify) 2/7/51		Lorraine Par			dlawn, N	n, or coul	_	(State)
D.	FEB /-		SIGNAT	White Marie	Wm. Book	ECTOR	1217 St.		Stree	et
v	S 151 N-	990 Kinute	- AN ESTE	3	9.0	0	101	0/8	×3	V

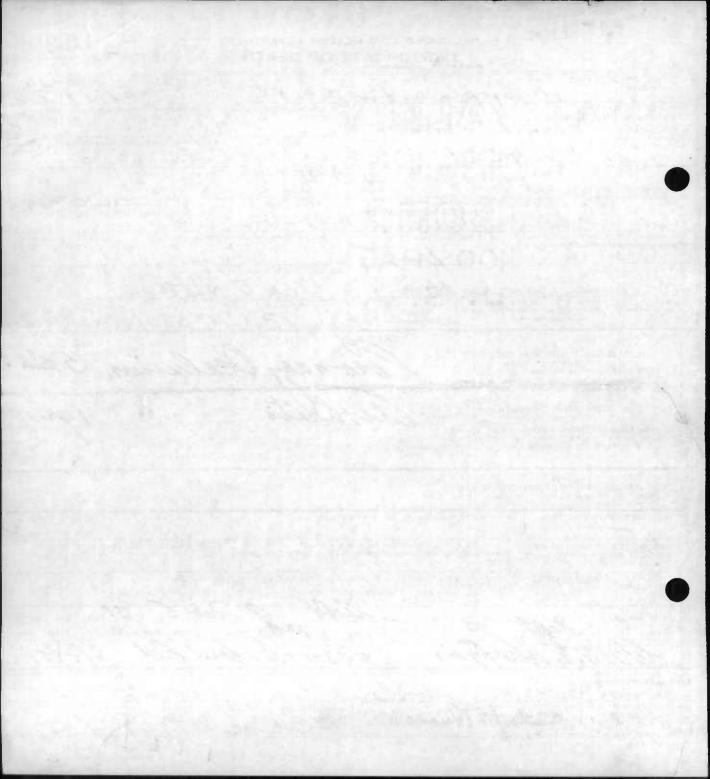


2H 51. 1162

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

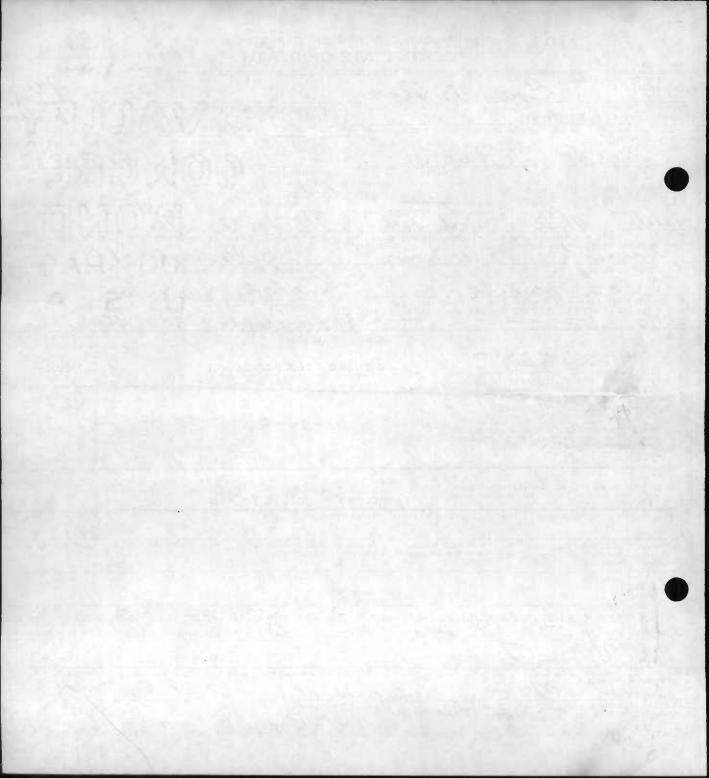
51 1162 Registered No. 1162

BIRTH NO.									
1. NAME OF DI (Type or Print)	RECEASED RE	brece	V. Pa	rKhill	2. DATE OF DEATH	15/7/20			
a. Baltimore C	EATH:					If institution: residence before admission)			
B. FULL NAME ( HOSPITAL OR INSTITUTION	3 E 25	_/	n, give street address location		(If outside corporate lin	mits, write RURAL and give			
Sength of st	ay in Baltimore		Yrs. Mos	725	If rural, give location)				
5. SEX	6. COLOR OR RACE	7. SINGLE.	Day MARRIED, D, DIVORCED (Specific	8. DATE OF BIRTH	9. AGE (In years) last birthday)	if Under 1 Year If Under 24 Hours Min.			
vork done during most of	CUPATION (Give kind of f working life, even if retired)	108. KIND (	OF BUSINESS OR INDUSTR	Jan Jan	foreign country)	12. CITIZEN OF WHAT COUNTRY			
abra he	zm Bun	ugano	lnes	14. MOTHER'S MAIDEN	Vetting				
15. WAS DECEASE (Yee, no or unknown)	D EVER IN U.S. ARMEI (If yea, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	41 58011	ADDRESS Merville day			
(This does heart failur Injury or DISEASES RISE TO THE UNDERLY OTHER SITTED TRIBUTING	E OR CONDITION LEADING TO DEA not mean the mode of the complication which of the complication complication is considered.  If the complication is considered to the complication complication complication is considered to the complication of the complication complica	TH  of dying, e.g.,  ns the disease,  caused death.)  SES  F ANY, GIVING  STATING THE  AST.  ITIONS CON-  NOT RELATED	DUE TO  (B)  DUE TO  (C)	Heitis	Elivin	ONSET AND DEATH			
_			FINDINGS OF OPE	RATION		20. AUTOPSY?			
LYING OR	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., io or LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR? (If in Baltimore City, given the property of the property o								
INJURY		m. wh	IE. INJURY OCCUR  IILE AT NOT WHILE NORK AT WORK  eceased from  and that death occur  M. D.	Zeft 19 % to	Feb 5 , 19	that I last saw the the date stated above.			
24A. BURIAL, 6 TION, REMOVAL (SI	R 48/	51	MOTELLE	A Purk	Pankwil	le me.			
LOCAL REGISTI	RAR REGISTRAN	S SIGNA LIP	liness, M.M.	25. FUNERAL DIRECTOR	1217 St.	Paul of			
VS 150	A Brown to the	A	2 3 6 100 . 1						



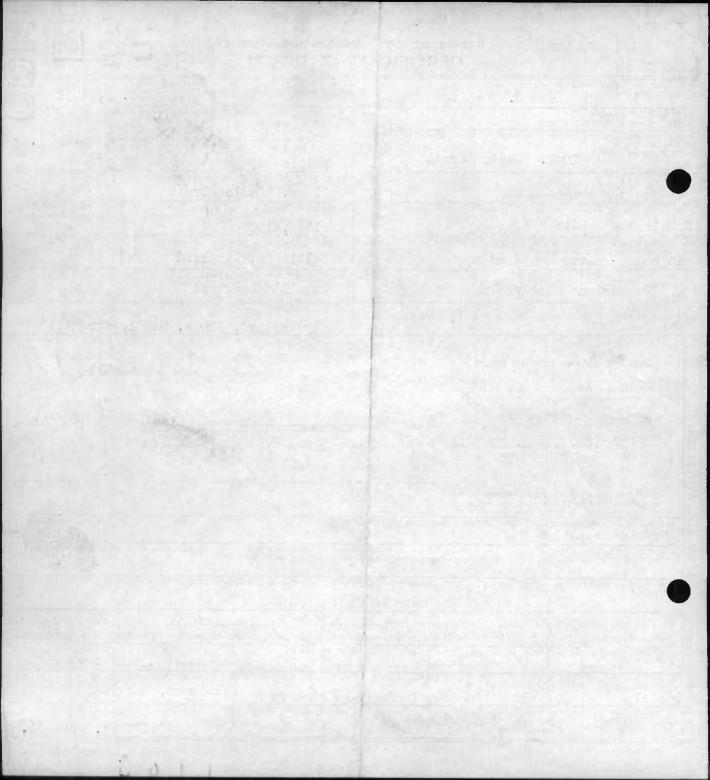
200.									
51 1163 BALTIMORE CITY HEALTH DEPARTMENT 51 1163									
CERTIFICAT	E OF DEATH Registered N	0							
BIRTH NO.		4-1-4-1							
1. NAME OF DECEASED (Type or Print)	2. DATE OF 2/5-	10, 945							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if i	nstitution: residence before admission							
B. FULL NAME OF (If not in hospital or institution, give street address or	Md								
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits								
1 2305 St. Paul st	13al 0 23	- 0 2 township							
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)								
c Length of stay in Baltimore Days	1302 Marshall J								
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED, WIDOWED DIVORCED Specify	8. DATE OF BIRTH 9. AGE (In years last birthday) Mor	Under 1 Year   H Under 24 Hours   ths: Days   Hours   Min.							
TEMALE White Widowed	1/1/1877 /3								
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY							
Housewife at Home	Balto, Md.	Taxe will							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Vot Faskill	artotta Wolseton								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.		DRESS							
No -	Lattie trance 4304 M	ary ava							
18. 434.2 CAUSE	OF DEATH	INTERVAL BETWEEN							
DISEASE OR CONDITION DIRECTLY		- AND DEATH							
	iac decompensation	l week							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
ANTECEDENT CAUSES									
Z (B)									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
UNDERLYING CONDITION LAST.									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)									
OTHER SIGNIFICANT CONDITIONS CON-									
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	cleft palate								
19A DATE OF OPERATION A 19B MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?							
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in Lying Op Contribution of bout home. form. factory, street office bidg.		YES NO							
21A. ACCIDENT WAS UNDER.  LYING☐ OR CONTRIBUTING☐  CAUSE OF DEATH  CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, gi	ve exact location)							
2 10. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?								
F INJURY WHILE AT NOT WHILE									
m. WORK AT WORK									
a nordy or regy a detertion of the deceased from	1-1 1950 to 2-5- 1951	, that I last saw the							
deceased alive on 19 and that death occur		e date stated above							
1 / // Same (1/ 1/20/2-	2431 Maryland Ave.	23c. DATE SIGNED							
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE									
Buncal 2/8/51 Cadan	2600 0.00	W.I							
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS							
LOCAL REGISTRAR	4 m Car 2 - 1212 Ot	Port							
vs 150 959	voi 21.	idua di							
V3 130 - 18		95c							

A.



51 1164 Registered No.

BIRTH NO.	LOI DEATH			
1. NAME OF DECEASED (Type or Print) Lena M. Restivo	2. DATE OF Feb. 6, 1951			
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 310 W. Biddle Street				
Yrs. Mos. c. Length of stay in Baltimore Days	o. STREET ADDRESS (If rural, give location)  310 W. Biddle Street			
female   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	April 4, 1908  9. AGE (In years If Under I Year Months Days Hours Min.			
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  at home - never employed	11. BIRTHPLACE (State or foreign country)  Baltimore, Maryland  12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Mariano Restivo	14. MOTHER'S MAIDEN NAME Camellia LoPrinzi			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Casey Restivo, 310 W. Biddle Street			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	unon a of left 570.			
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO			
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., i	otc.) INJURY OCCUR?			
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  WHILE AT NOT WHILE  TM. WORK AT WORK				
	1945, 19, to folke, 1951, that I last saw the rred at 2 Am., from the causes and on the date stated above. 236. ADDRESS Solvensh 236.51			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 10N. REMOVAL (Specify) 2/8/51 New Cathedra	al Cemetery Baltimore, Maryland (State)			
DATE RECEIVED BY REGISTRAR'S SIGNATURE FEB / 195	25. FUNERAL DIRECTOR ADDRESS  Hm. Book, nc. 1217 St. Paul St.			
VS 150	5 1 8 3 0 1 1 6 3 50			



INGION BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE rohn DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and give I he crest C. CITY OR TOWN INSTITUTION CRKSidas D. STREET ADDRESS, (If rural, give location) Yrs. Mos. Was hin 4 long Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years 8. DATE OF BIRTH. If Under 24 Hours last birthday) Months; Days Hours: Min. Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work donedwring most of working life, even if retired) INDUSTR WHAT COUNTRY? c) a kesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL Wing King ADDRESSS 17. INFORMANT (Yes, no or nnknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION DICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from JAN 4987 24, 1951, to Feb 5, 1951, that I last saw the deceased alive on Feb 5, 1951, and that death occurred at 11.10 Pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A\_SIGNATURE 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24B DATE Burchk 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

# DESCRIPTION AT A SECURITION OF THE PARTY.

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	and the contract of the contra	

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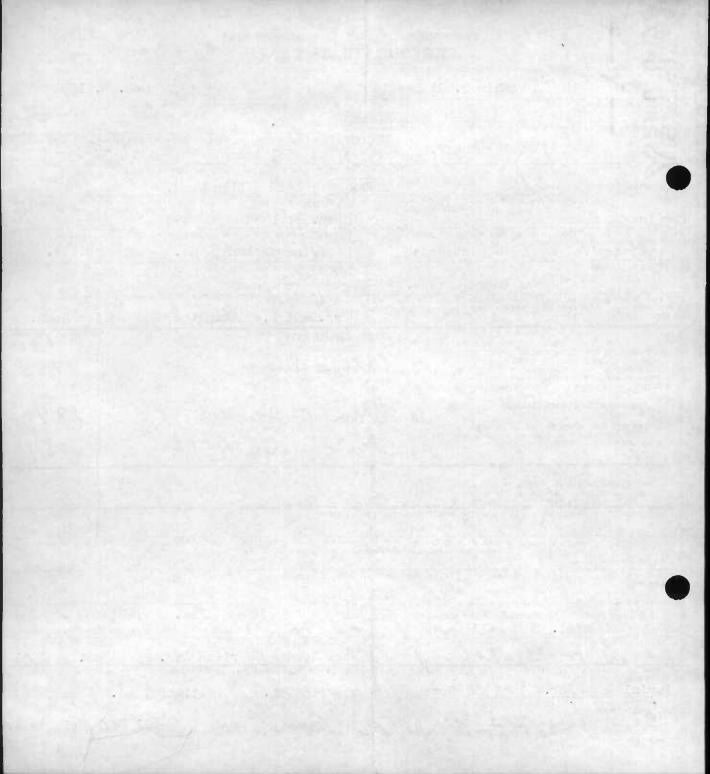
Registered No ... CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Feb. 5, 1951 William F. Hickman 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland1905 McElderry St. B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give logation Yrs. c. Length of stay in Baltimore Lifetime 1905 McFlderry St., Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Male White Dec. 2, 1874 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Self. Baltimore, Md. Butter & egg delaer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Frederick Hickman Louise Schultheis 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No. Mrs. Amanda Hickman 1905 McElderry St. NTERVAL BETWEEN 18. CAUSE OF DEATH 120,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 10/8/50-LEADING TO DEATH (A) Coronary thrombosis (This does not mean the mode of dying, e.g., 2/5/51 heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arterio-sclerotic cardio vascular CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING disease. RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21B. PLACE OF INJURY (e. g., in nr 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office hldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY 22. I hereby certify that I attended the deceased from Oct. 8, 19 50, to Feb. 5, 1951, that I last saw the deceased alive on Feb. 4, 1951 and that death occurred at 1.30Am, from the causes and on the date stated above. 23A SIGNATURE 23c DATE SIGNED 3030 Edmondson Avenue Feb. 5, 1951 24d NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248/DATE Baltimore-Md. Loudon Park Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Ullrich Funeral Home 2008 Orleans St.,

.compett

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1167 Registered No.

BIRTH NO.							
1. NAME OF (Type or Print)		Annie S	. Gillespie		2. DATE OF Feb	. 5, 1951	
	City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Md B. COUNTY before admission			
B. FULL NAME HOSPITAL OR INSTITUTION			ion, give street address or location)		(If outside corporate lin	nits, write TURAL and give	
00	412 H	ollen R	oad.	Baltimo	re, 2/	township	
ength of	stay in Baltimore		50 Yrs.		(If rural, give location)  len Road.		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif				8. DATE OF BIRTH	9. AGE (In years)	Il Under 1 Year   If Under 24 Hours Months: Days   Hours: Min.	
female	white	Wic	dow	Dec. 3, 1855	95	Zontals Days Hours Will.	
work done during mos	CCUPATION (Give kind of t of working life, even if retired) BEWITE		of BUSINESS OR INDUSTRY t home	Princess An		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S	NAME			14. MOTHER'S MAIDE			
	James	Murray	Stone,	unknown			
15. WAS DECEAS (Yes, no or unknown NO	SED EVER IN U. S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs.Paul L.Whi		ADDRESS Hollen Road.	
18. 14.	22.1		CAUSE	OF DEATH	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	INTERVAL BETWEEN	
	SE OR CONDITION					ONSET AND DEATH	
(This does	LEADING TO DEA	of dving, e. c		modus		1940	
injury of	lure, asthonia, etc. It mes r complication which o	aused death	.) OUE TO				
	ANTECEDENT CAUS	SES	Ol.	. m	1.4'	1045	
Z DISEASE	ES OR CONDITIONS, I	F ANY, GIVIN	(B)	m Myreus	ww	1770	
UNDERL	THE ABOVE CAUSE (A) LYING CONDITION LA	STATING TH	(C) QU	un Myseus itu Cardin	Ortitulus	1951	
	II SIGNIFICANT CONDI						
U TO THE	IG TO THE OEATH, BUT DISEASE OR CONDITION	CAUSING I	.о Г				
_1	OF OPERATION	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
HI LYINGL C	DENT WAS UNDER- OR CONTRIBUTING	21B. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	, give exact location)	
Σ CAUSE OF	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	ILIBY OCCUP?		
INJURY	, (===, (===,		WHILE AT NOT WHILE		JOHN OCCURN		
22. I here	by certify that I att		deceased from n		Feb. 19	51, that I last saw the	
deceased of	live on Feb. 5	, 19_51	and that death occur	rred at 714UAm., fro	om the causes and on	the date stated above	
23A. SIGNA	D. h. Br	shof	2	ork Road & She		Feb. 6 1951	
24A. BURIAL. TION, REMOVAL (		10.00	24c. NAME OF CEMETE	RY OR CREMATORY 24	O. LOCATION (City, tow	n, or county) (State)	
burial DATE RECEIVE	Feb.7 19		Govans Presby	terian Cem.	Baltimore, M	d.	
LOCAL BEGIS		SIGNATU	US AND ME	lo Vernon Les		ADDRESS Park Heights Av	
Ve 150	10000	THE PERSON NAMED IN					



Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. SUAL RESIDENCE (Where deceased lived. If institution residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) MAYYLAND B. FULL NAME OF (If not in hospital or institution, give street address or SALtimore HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION to spit Al Lhurch More D. STREET ADDRESS (If rural, give location Mos. Yeavs W. Belve 3331 Length of stay in Baltimore deve Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, AGE (In years | 16 Under 1 Year | 11 Under 24 Hours last birthday) | Months: Days | Hours | Min. 9. AGE (In years WIDOWED, DIVORCED (Specify) MAYYICA 1903 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House wife MAYVIAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ThomAs erri 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or anknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No INTERVAL BETWEEN 18. CAUSE OF DEATH 002X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmonary Tuberalosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED New MONECTOMY U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPSY YES V EDICA INVOlvement 01 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) ZIB. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED WHILE AT NOT WHILE! , 1951, and that death occurred at 10 30 Am. from , 19 1, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on. A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Carrot HOSh. TAI /V/Kee Church Home M. D. 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OF CREMATORY 24D, LOCATION 24B. TION REMOVAL (Specify) Burial Demelon,

E The Chappine I.

25. FUNERAL DIRECTOR

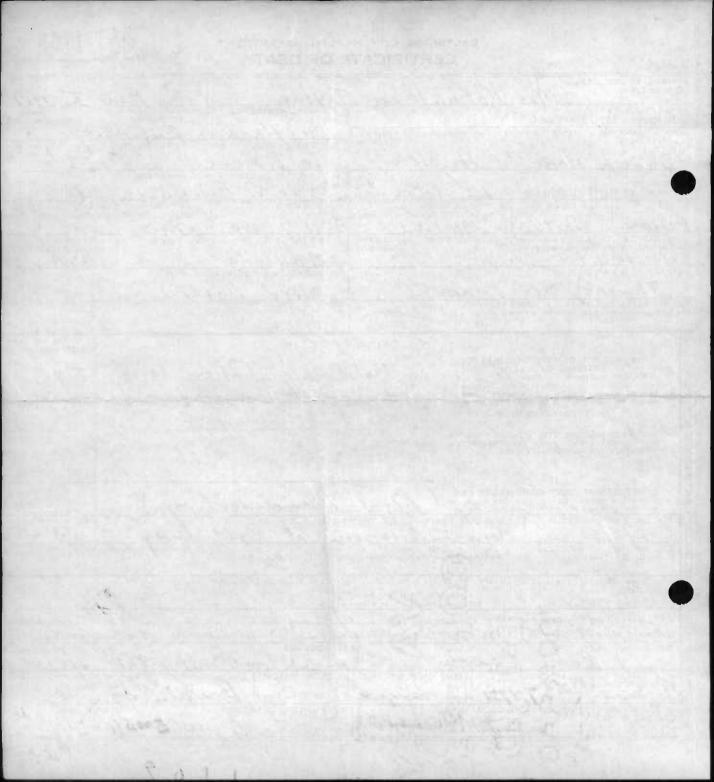
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DATE RECEIVED BY

LOCAL REGISTRAR

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ABDRESS



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

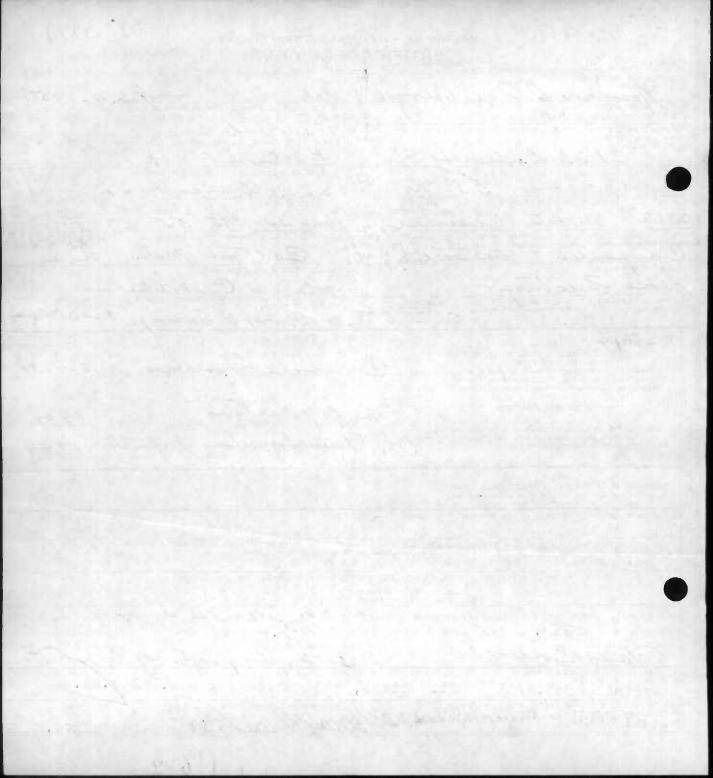
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В	IRTH NO.			CERTIFICA	IF	OF DEAT	Н	Registere	eu No	
	NAME OF D Type or Print)		liam P	. Roche				2. DATE. OF DEATH 2=	4-1951	
Α.	Baltimore (	EATH: City, Maryland	Balti	LOUBLE TO SELL		4. USUAL RESIDE	yland	ere deceased lived B. COUNTY		n: residence fore admission)
	OSPITAL OR ISTITUTION	3321 Shar	ion)	c. CITY OR TOWN	(If or	e 26	imits vriteR	URAL and give township)		
		tay in Baltimore	os.	o. STREET ADDRE	hannoi		)			
	Male White 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Married)					3-10-1895		55		B Hours Min.
wnr	10A. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired) Auditor Packing House					Marylane		eign country)	12. CITI WHA	ZEN OF AT COUNTRY?
13	James W. Roche					Mary K:				
(Ye	NAS DECEAS o, nn nr unknown)	ED EVER IN U. S. ARMEI (If yes, give war nr date	FORCES? s of service)	214-03-5	725	7. INFORMANT Margaret	C.Ro	che 3321	ADDRESS	on Dr.
ERTIFICATION	(C)					onary	Sol	clupe wffin wose	ail o	
DICAL C	19A. DATE (	0	9в. MAJOR	FINDINGS OF O			UD (If	in Baltimore Ci	YES	
MEDI	LYING O	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	about home, fo	arm, factory, street, nffice b	ldg.,etc.	) INJURY OCCU	R7		ty, give exact	iocation)
	FINJURY	(Month) (Day) (Teal)		WORK NOT WE AT WE	HILE	] ZIF. HOW BID	INSORT	OCCOR!	-	
	deceased a	y certify that I att			courre		, to, from the	causes and o	n the date s	
2	23A. SIGNA 4A. BURIAL,	eller a l	Rudi	M. D. 24C, NAME OF CEM		300 DU		CATION (City, to	2 2-	6-5( ) (State)
TI	ON, REMOVAL (S Burial ATE RECEIVE	2-8-19	51	Holy Rede	eme	er	Bal	timore	Md ADDRES	
	FEB7	195) REGISTRAR	AT M	hierary Alan	Je	shwa.M	1.	3000 E.		ore St.
	VS 150			od	%	4200		1 6 8	9	4a

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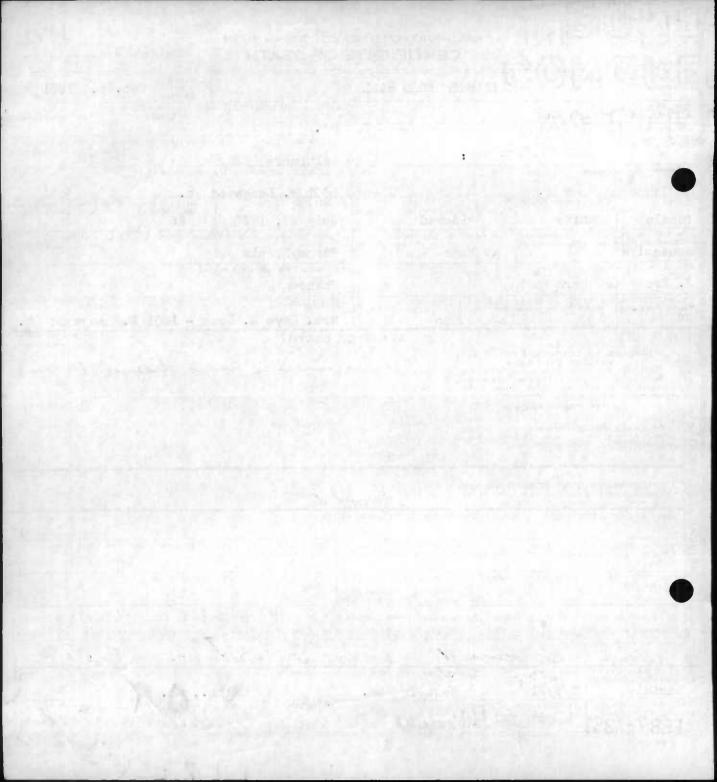
BI	RTH NO.	E OF DEATH	registered in	0
	NAME OF DECEASED bype or Paint)  Norman 6. Freeburger	· S.	2. DATE OF Z	11 100
	Balthnore City, Maryland	4. USUAL RESIDENCE (WI	DEATH here deceased lived. If is B. COUNTY	nstitution: residence before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION		outside corporate limits,	write RURAL and give
0	2633 Dulaney St	D. STREET ADDRESS (If r	20°	township)
6.	ength of stay in Baltimore 55 4s. Mos. Days	2633 Due	aney 5,	
7	Mele 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH  Vune 30-1895	9. AGE (1) years If the last birthday) Mon	ths Days Hours Min.
10, work	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  Bellicher	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13	SATHER'S NAME	14. MOTHER'S MAIDEN NA		22.5.
4	Lesse Treeburger	maria C.	Wilhel	ne
(Y5.	was deceased ever in u. s. armed forces? 16. social (If yes, give war or dates of service)	17. INFORMANT  Mrs. Harrief U. &		
	211	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
	DISÉASÉ OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	retree Ihm	aforis	2-4-51
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Land Control in the		
Z		m-yo cardelis		1949
CATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Town chy matous	nephotio	1949
E P	The state of the s	CONTRACTOR OF THE PROPERTY OF	1 44.64	
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, furm, factory, street, office bldg., e		in Baltimore City, gi	
Σ -	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY WHILE AT WORK		OCCUR?	
	22. I hereby certify that I attended the deceased from	- II. 1951, to 2	U. 4 , 1957,	that I last saw the
-	deceased alive on 3, 1957, and that death occur	3B. ADDRESS . D.	e causes and on the	date stated above. 23c. DATE SIGNED
	Yaves now	3602 dikerty 2	fgts. an	2-4-51
24. TIO	Burial Feb.8/51   24c. NAME OF CEMETE   24c. NAME OF CEMETE   Burial   Feb.8/51   Mt. Olivet,	RY OR CREMATORY 24b. Lo 2930 Frederick	Ave Balto	r county) (State)
DA LO	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	21 Edmonds	address
	VS 150	1 may		11 11 11
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

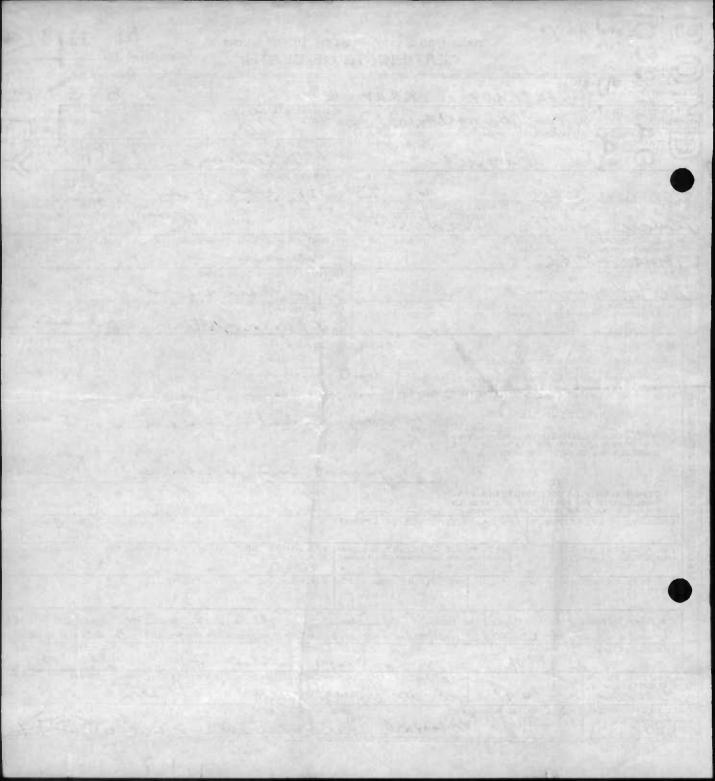
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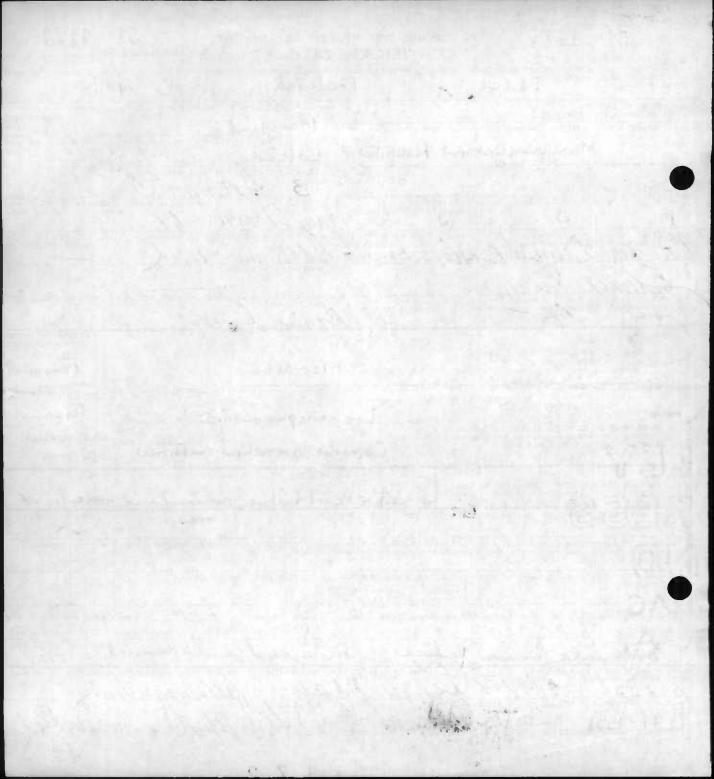
Registered No ... I. NAME OF DECEASED 2 DATE (Type or Print) ELIZABETH FORD BALL Feb. 5, 1951 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION 3502 Clifton Ave. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore Days 1601 N. Longwood St. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female white widowed July 27, 1865 IOA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. Frederick Ford Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO no Mrs. Raye E. Lusk - 1601 N. Longwood St. no CAUSE OF DEATH 20,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arterioclerotic heart disease LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL DIC 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from Jan. 23 19 1 to tel 5 . 1957, that I last saw the 1951. and that death occurred at 1:00 p.m., from the causes and on the date stated above. deceased alive on\_ Jan. 5 23A. SIGNATURE 23c. DATE SIGNED Whah 3048 W. north Are. 24A. BURIAL, CREMA-24B. DATE 240 NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) TION, REMOVAL (Specify) 2/8/51 Burial Western Cem. Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



51 1172

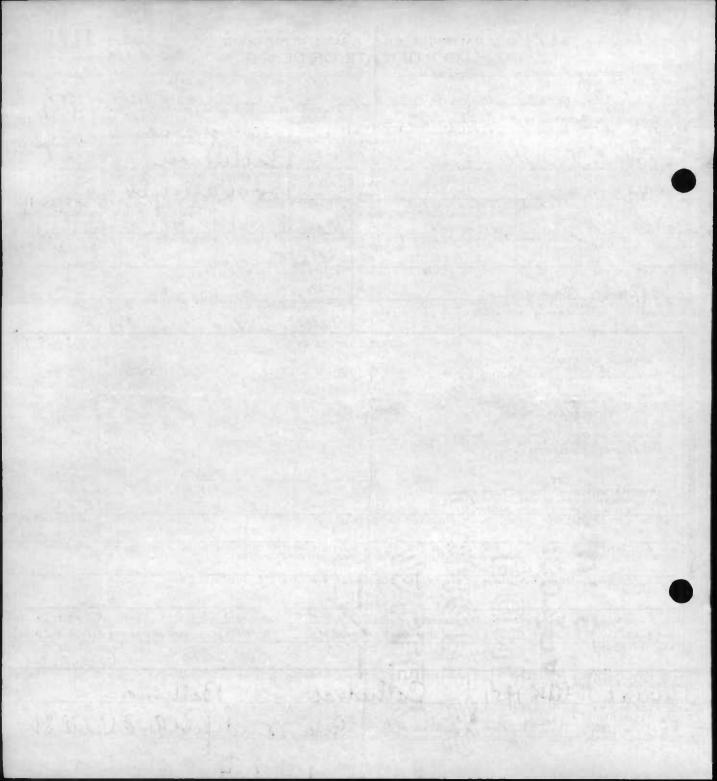
В	IRTH NO.			CERTIFI	CATE	OF DE	EATH	Regi	stered N	No	
1.	NAME OF DECEA	GERTI	211 0 5	k p	AME	e R		2. DATE OF	2 - 1	6 - 4	51
	PLACE OF DEATH Baltimore City,	1: -7.	106 MA	rtoner.	Rs		RESIDENCE (1	DEATH Where deceased B. CO	d lived, lf		n: residence fore admission)
В.	FULL NAME OF	(If not in hospit		0	ddress or location)	c. CITOR	TOWN (I	f outside corpo	rate limit	, write t	U AL and give
IN	ISTITUTION	te m	oun	1	V	D. STREET	ltique	rural, give loc		2 1	* township)
	Length of stay i	n Baltimore		35	Yrs. Mos Days	3321	1100	cora	/	w	2
5.	emale 6.00	Dute	7. SINGLE	E. MARRIED.	Specify)	8. DATE OF	BIRTH	9. AGE (In	years      day) Mo	Under 1 Year nths Days	Hours Min.
work	A USUAL OCCUPA Adone during most of works	ATION (Give kind of ing life, even if retired)	108. KINE	OF BUSINES	S OR DUSTRY	11. BIRTHPL	ACE (State or f	oreign country	7)	12. CITII WHA	ZEN OF
13	. FATHER'S NAME					14. MOTHER	'S MAIDEN N	AME			
15	S. WAS DECEASED EV	ER IN U. S. ARMEI	FORCES?	16. SOCIAL		not-	Muo	wu		DDDF66	
(Ye	e, no or unknown) (If	Yes, give war or date	s of service)	SECURIT	Y NO.	C. G. R.	seufl	att -	A	DORESS	ee
	18. 472.	1 1		C	AUSE C	OF DEATH					T AND DEATH
	(This does not heart failure, as	R CONDITION DING TO DEA mean the mode of thenia, etc. It mes plication which	TH of dying, e. g ans the discas	e,	and	t u	umin	•••••		4	& homes
10-90	ANT	ECEDENT CAUS	SES		mir		is do	since	+		5 weeks
ATION	RISE TO THE A	CONDITIONS, I BOVE CAUSE (A) CONDITION L	STATING TH	(B) NG HE DUE TO	J			yaa	- Lin	CAR	~
IFIC		П		_(C)	gune	al 6	interior	relano	ri,	18	gun.
CERT	TRIBUTING TO	FICANT COND THE DEATH, BUT SE OR CONDITION	NOT RELATI	ED .							
	19a. DATE OF OF			FINDINGS O	F OPER	ATION				20. YES	AUTOPSY?
EDICAL	21A. ACCIDENT. S HOMICIDE (Sp	SUICIDE.		CE OF INJUR				If in Baltimo	re City, s		
M	FINJURY (Mont	h) (Day) (Year)			CCURRE	D 21F. HO\	W DID INJUR	Y OCCUR?			
	22. I hereby cer										
	deceased alive of		_, 19_5_/	and that deat		red at 10:13		the causes a			ATE SIGNED
2.	AAN BURIAL CREM	A- 248. DATE	line	249. NAME OF	M. D.	TOR CREMA	TORY   24D. L	OPATION	ity, town.	or county	1
TI	4A BURIAL, CREMI ON REMOVAL (Specify	2-7-	V1 V	Sebrew	11	ug ma		10)	elto		Md
D.	TEB 1951	REGISTRAR	SPIGNATE			25 FUNERA	PURECTOR	e 210	006	ADDRES	~ 10
	VS 150				0	et 1	1 9 0		7	9	2)
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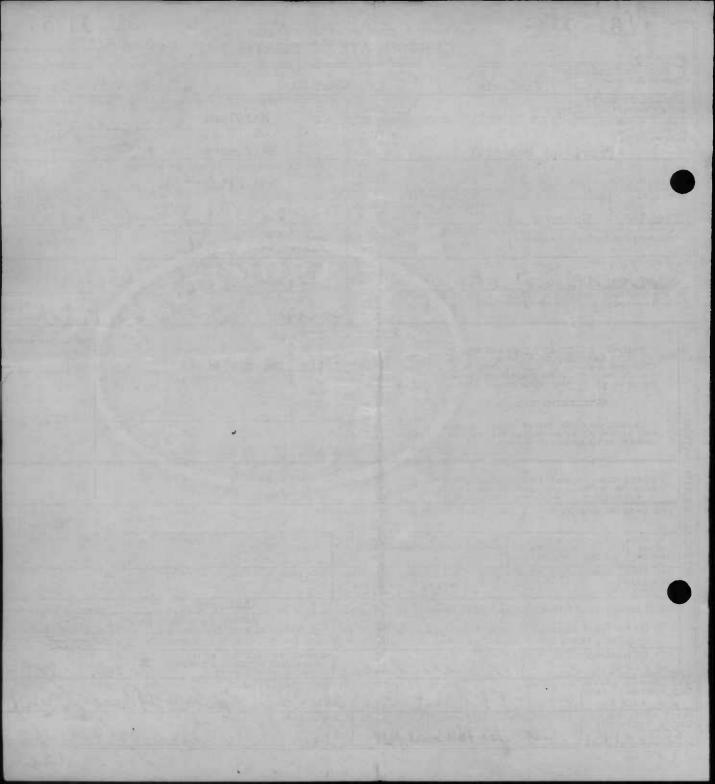
51 1174 Registered No.

В	RTH NO.			CERTIFICATI	E OF DEATH		
1. (T	NAME OF DI	Margaret	Grag	an		OF DEATH Feb	6 1951
3. A.	Baltimore C		201 Vale	len St.	4. USUAL RESIDENCE (	Where deceased lived. If  B. COUNTY	institution; residence before admission)
В.	FULL NAME O			ion give street address or location)	nare	Mand	
	STITUTION	1: 4	11 4	).	C. CITY OR TOWN	butside corporate limit	write RURAI and give (waship)
	Little	sisters of	the 1	Yrs.	D. STREET ADDRESS (If	rural, give location)	
-		tay in Baltimore		Mos. Days	12000	alley St	
5.	SEX	6. COLOR OR RAC		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   # last birthday) Mo	under I Year If Under 24 Hours nths Days Hours Min.
10	A. USUAL OC	CUPATION (Givekind	of 10B, KIND	of BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
MOL	k done during most o	f working life, even if retire		INDUSTRY			WHAT COUNTRY
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME,	
	Jacep	h Grag	an		Mary Jem	ungs	
(Ye	s, no or unknown)	D EVER IN U. S. ARM (If yee, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Itle Pa	DDRESS
	18. / 5	^ /		CAUSE	OF DEATH	of the vi	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		Poo	- Paris Pa	- B ×	ONSET AND DEATH
	(This does heart failu	LEADING TO DE not mean the mode re, asthenia, etc. It m	of dying, e.	g., (A)	remoina 20	~ Weaso	192
		complication which		a.) DUE TO		0	
z		ANTECEDENT CA	USES	(B) 770	elaslasis in	Lem 95	1mo
CATION	RISE TO T	OR CONDITIONS HE ABOVE CAUSE (	A) STATING T				
ICA	UNDERLY	ring condition	LAST.				
RTIFI		П		(C)			
CER	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITION	T NOT RELAT	ŁD .			
L	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA		NT, SUICIDE,		ACE OF INJURY (e.g., i		If in Baltimore City, g	YES NO Live exact location)
MED	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
1	F INJURY	Month) (Day) (Yes	,	21E. INJURY OCCURR		Y OCCUR?	
			nı.	WHILE AT NOT WHILE AT WORK			
	deceased al	y certify that I a	ttended the	deceased from 7 and that death occur	red at 3 P m from		, that I last saw the ne date stated above.
	23A. SIGNAT		/		3B. ADDRESS		23c. DATE SIGNED
-	AA BURIAL C	Ce o ca	- 17 ac	M. D.	1631 E- North	OCATION-(City, town,	7-eb 7-1957 or county) (State)
T	4A. BURIAL, CON, REMOVAL (S	pecify) July	1951	Calle	tral	Ballimor	
	ATE RECEIVED	RAR	R'S SIGNATI	Hinns J. R	25. FUNERAL DIRECTOR	eleld and E	ADDRESS Buldle St
=	VS 150		8	e a contrata contrata de la contrata del contrata del contrata de la contrata del contrata del contrata de la contrata del contrata de la contrata del contrata de la contr	Sylva a mov	1000	
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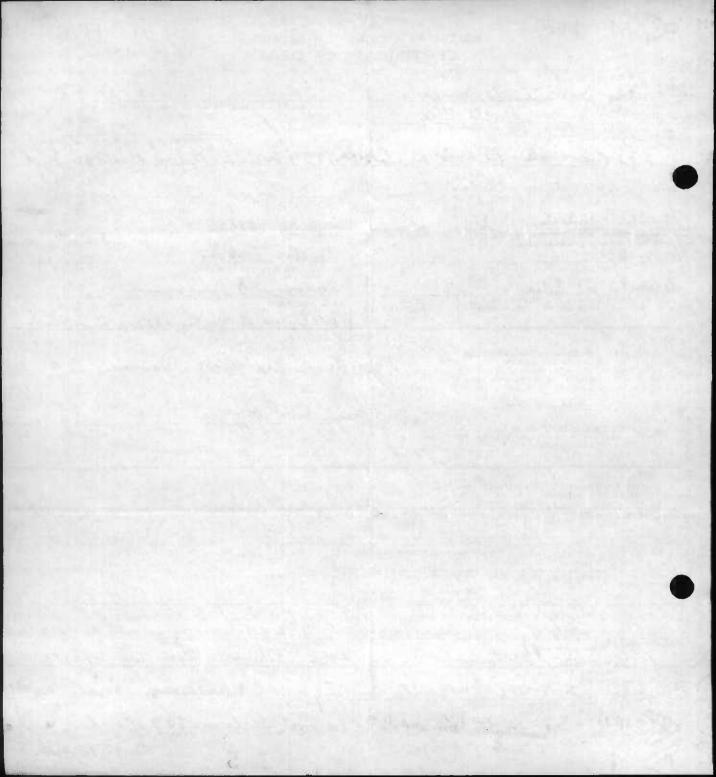
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Feb. 5, 1951 VIRGINIA **GESHAZO** 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore Provident Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 631 Pitcher St. Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female Colored BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARAED FORCES? (Yes, no or unknown) (If yes, give war or little of service) . SOCIAL 17. INFORMANT ADDRESS SECURITY NO NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Interstitial pneumonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 248/DATE 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY DIRECTOR LOCAL REGISTRAR V S 151



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1176

В	IRTH NO.		C	ERTIFICAT	E OF DEATH	Registered	1110
(7	NAME OF D	eceased marie	de m	yeu			-5-5-1
	Baltimore (	City, Maryland	Balla C	24	4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution : residence before admission)
В.	FULL NAME OSPITAL OR			, give street address or location)	nd		6-40
	ISTITUTION		n 0.	OB TE	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give township)
	223	1 min	Icen	Yrs.	D. STREET ADDRESS	(If rural, give location)	allo30 md
	Length of s	tay in Baltimore	Like	Mos. Days	0.011121.1120	(	
-	SEX	6. COLOR OR RACE	7. SINGLE,	MARRIED.	8. DATE OF BIRTH	9. AGE (in years	If Under   Year   If Under 24 Hours Months: Days   Hours: Min.
	Female	white	MIDOWEL	D. DIVORCED (Specify)	aug 28 1896	A	Months Days Hours Mill.
1C	A. USUAL OC	CUPATION (Give kind of pf working life, even if retired)	108. RIND C	F BUSINESS OR	11. BORTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	fourtewe	h			Balto h	rd-	
13	3. FATHER'S	AME			14. MOTHER'S MAIDEN	NAME	
	Charle	n w Eder			Sylvia 5	Edelman	
(Ye	s, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date	of service)	SECURITY NO.	William R.	mue 2357	Wash Alm
	18. 14./	'5 V	,	CAUSE	OF DEATH	7	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		11/	L 01.	13	ONSET AND DEATH
	(This does	LEADING TO DEAT	f dying, e.g.,	(A) Myper	Tensin Cardiolo	escular Vike	ere 4 gears
		re, asthenia, etc. It mea complication which c		DUE TO			
		ANTECEDENT CAUS	ES	5	of O Non	1. to.	2
Z	DISEASE	S OR CONDITIONS, II	E ANY GIVING	(B)	sential 1797	sectension	1915.
TION	RISE TO T	THE ABOVE CAUSE (A)	STATING THE	OUE TO			V
ICA				(C)		**** **********************************	
RTIF		11		1949/1711/54			
ER	TRIBUTING	GIGNIFICANT CONDI	NOT RELATED				
U		OF OPERATION . 1		INDINGS OF OPER	RATION		20. AUTOPSY?
CAL							YES NO X
18		ENT WAS UNDER-		E OF INJURY (e. g., in, factory, street, office bldg.,		(If in Baltimore Cit.	y, give exact location)
M	CAUSE OF	DEATH					
	F INJURY	(Month) (Day) (Year)		E. INJURY OCCURR		URY OCCUR?	
				ORK NOT WHILE		- / -	
	22. I hereb	y certify that I att	ended the de	eceased from Oc	X. 29 1946, to		51, that I last saw the
		live on Feb 5	., 1957. ar			7	the date stated above.
	23A. SIGNA	Allew Kan	Aliona	(IA)	2436 Washing	ton Blod - 3.	2/6/51
2	4A. BURIAL,	CREMA- 24B. DATE	/ 24	C. NAME OF CEMETE		o. LOCATION (City, to	
	ON, REMOVAL (S	1-8-5	11	Bulto Con	uter &	horse con	Backs mad
	ATE RECEIVE	D BY REGISTRAR	SSIGNATUR	E	25. FUNERAL DIRECTO		ADDRESS
F	EB7 19	101	and the last	Martin Hall	Edward Foul	con 2339 14	ask Aland
	VS 150	100	100	"是对于各种种种的影响"。	400	0 3 1 B	action male
14		To Cont	W. J. J. 27.		01171	3 73)	
		110 2000		The Control of the Co	The second secon		

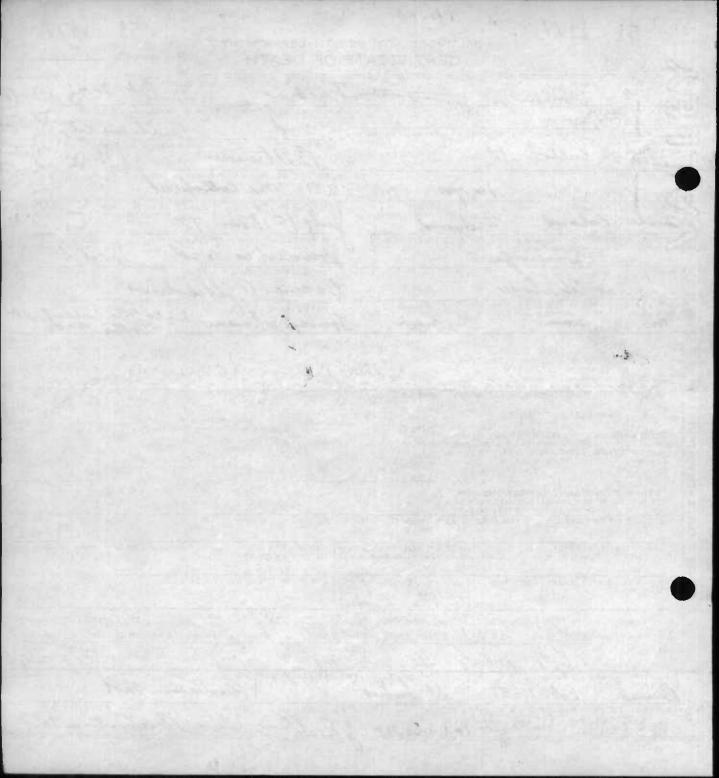


causes or esaon creatify and regionly.

### BALTIMORE CITY HEALTH DEPARTMENT

JENNIE THEKEN

В	IRTH NO.			CERTIFICA"	TE OF DEA	TH	Registered :	No.	
	NAME OF D 'ype or Print)	ECEAGED ,	1	16	Tuchen	,  2	OF Feb.	7-51	
	PLACE OF D		7			IDENCE (When	DEATH	f institution : residence	
В.	FULL NAME	Of (If not in hose	ital or institut	ion, give street address				before admission	
II.	ospital or istitution 2210	Me Culloh	st:	locatio	C. CITTON 19V	WH (If out	side corporate limi	ts, write RURAL and gi	
C.	Length of s	tay in Baltimore	161	Yrs Mos Day	2210 M		al, give location)		
5.	sex	Colord	7. SINGLE	MARRIED. ED, DIVORCED (Speci	(y) BOATE OF BIR	1872	AGE (In years last birthday) M	onths Days Hours Mi	uis n.
1C	A. USUAL OC k done during most o	CUPATION (Give kind of working life, even if retire	d) '/	OF BUSINESS OR INDUSTR	1. BIRTHPLACE	E (State or foreight Lo. W	1	12. CITIZEN OF WHAT COUNTR	Y1
13	FATHER'S					MAIDEN NAM	E		
15	Jour S. WAS DECEASE	D EVER IN U. S. ARM	ED FORCES?	I 16. SOCIAL	Cassie		adows		
(Ye	s, no or unknown)	(If yes, give war or de	tes of service)	SECURITY NO.	Tousa	hoson	, 22107	the willof &	4
	(This does heart failt	SE OR CONDITION LEADING TO DE not mean the mode are, asthenia, etc. It m complication which	ATH of dying, e. r eans the diseas	Cer. (A)	OF DEATH	) Coc	clersi	INTERVAL BETWE	
	mjary or	ANTECEDENT CA		., 502 10		(			
CATION	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE () VING CONDITION	A) STATING TH			••••••••			
ī.		11		(C)			*******		
CERTI	TRIBUTING	SIGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITI	T NOT RELATE	ED					
		F OPERATION		FINDINGS OF OP	ERATION			20. AUTOPSY?	
EDICAL	21A. ACCIDE HOMICIDE	INT, SUICIDE, (Specify)		ACE OF INJURY (e. g farm, factory, street, office bld			n Baltimore City,	give exact location)	
M	F INJURY	(Month) (Day) (Yes		21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR	LE	O YRULNI DIC	OCCUR?		
		y certify that I a				5'), to 2/		Z, that I last saw t	
	deceased a		(2)	and that death occ	23B. ADDRESS	m., from the		the date stated about	
Z.	4A. BURIAL, ON BEMOVAL (S	Pecify) Ful. 1	1-51	24c. NAME OF CEME	TERY OR CREMATOR		ATION (City, town		e)
	ATE RECEIVE	D BY   REGISTRA	4	/	1 F. Eler	e · Lan	1 Ruste	ADDRESS	
	VS 150		40	A ST. Progress (III)		7 6		94a	
				gum t 3 4	1 1 1	3			



clearly and legibly.

of death

Physicians: please write the causes

correct age is especially important.

### BALTIMORE CITY HEALTH DEPARTMENT

BI	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	NO 1 11/0
1.	NAME OF D	DECEASED AA		300		2. DATE	
	'ype or Print)	MRS. MA	RGARE	et C. Sc.	heINER	OF FE	B-6-1951
	PLACE OF D Baltimore (				4. USUAL RESIDENCE (W		If institution; residence before admission)
B.	FULL NAME OSPITAL OR		ital or institut	tion, give street address or	ma		
	ISTITUTION	803 E.F	FOTE	No -	C. CITT OR TOWN	outside corporate li	nits, write R. Land give township)
1	70	000 - 1	1.1	Yrs,	BALTIMOY( D. STREET ADDRESS (If	rural, give location)	
Ę.	Length of	stay in Baltimore	Life	Mos. Days	803 F. F. 61	AVe-	
5.	SEX	6. COLOR OR RACE	E 7. SINGL	E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year   If Under 24 Hours Months: Days   Hours   Min.
-	emare	White	MAR	RIRA	JUNE 6- 1891	59	
worl	done during most	CCUPATION (Give kind of tof working life, even if retired	of 10B. KINL	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	HOUSE FATHER'S			- C	BALTIMOVE -	Ma	
	CAMR	ADRI	Aude			bmidT	
15	. WAS DECEAS	SED EVER IN U. S. ARMI	ED FORCES?	16. SOCIAL			ADDRESS
(Ye	, no or nnknown)	(If yes, give war or dat	tes of service)	2/8-18-8590	WM, J. Schein	VER-803 1	E. FORT AUE -
	18. H2	0.1			OF DEATH		INTERVAL BETWEEN
	70	SE OR CONDITION	DIRECTLY			1 TO A 1 TO 1	ONSET AND DEATH
		LEADING TO DE, es not mean the mode lure, asthenia, etc. It me	e of dying, e.		onary Thrombos	İs	Immediate
		r complication which		h.) DUE TO	anton-two acad		
,		ANTECEDENT CAL	USES		ertensive cardi cular disease	10	2
0		ES OR CONDITIONS,		NG	cular alsouso	***************************************	
TAS		THE ABOVE CAUSE (A LYING CONDITION		THE DUE TO			
ERTIFICATION		11		(C)			
RT		II SIGNIFICANT COND					
CE	TO THE C	OSEASE OR CONDITION	ON CAUSING	1T			
7	19A. DATE C	OF OPERATION	19B. MAJOR	R FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA		PENT, SUICIDE.		ACE OF INJURY (e. g., i	in or   21c. WHERE DID (I	If in Baltimore City	y give exact location)
	HOMICIDE	(Specify)	about home,	, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
M	21D. TIME OF INJURY	(Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJURY	Y OCCUR?	
	OF INJUIL		m.	WHILE AT NOT WHILE WORK		704	
							, that I last saw the
	deceased a	live on 1/12/	<u>/5,<b>1</b></u> <sub>19,</sub>		rred at P.m., from to	he causes and on	
	334 SIGNA	TURE S	Deile	· e _ v.p.	<sup>23в. ADDRESS</sup> 1226 Hanover	r street.	2/7/51
24	4A. BURIAL, ON REMOVAL (S	CREMA-V24B. DATE		24c. NAME OF CEMETE		OCATION (City, tow	vn, or county) (State)
110	BURIAL	11 -1 / 4 /	5/	BALTMOVE WAS	YIONAL CEM	Frederick H.	12. BANO. Md.
Di	ATE RECEIVE		R'S SIGNATI	URE	25. FUNERAL DIRECTOR	1. 11 11.	ADDRESS
You F			R'S SIGNAT	URE UNLAND	Thomas J. KENNY.	NC. 1600 HOLL	INS ST. BALTO. Md
You I			to Millia	WALDON MARKS TO THE STREET	Thomas J. KENNY.	INC. 1600 HOLL	INS ST. BALTO. Md

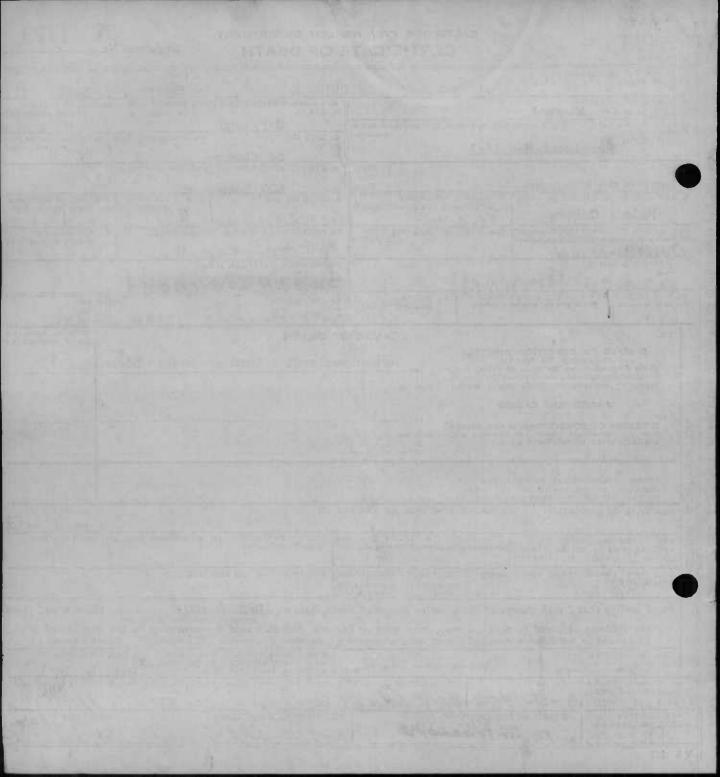
226 S Idonoviv Byrner bunglyon carries THE RESIDENCE OF THE PARTY OF T correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V S 151

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BI	RTH NO.			
	NAME OF DECEASED ype or Print)		2. DATE OF	
	JAMES	GRINELL	DEATH Feb. 5.	
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deccased lived. If ins	titution: residence before admission)
_	FULL NAME OF (If not in hospital or institution, give street address or	34	B. COUNT	before admission)
H	OSPITAL OR location)		outside corporate limits, x	ertfaRURAL and give
11	Provident Hospital		111-0	township
	<u> </u>	Baltimore	170	
	Yrs. Mos.	D. STREET ADDRESS (If )	rural, give location)	
-	Length of stay in Baltimore Days	627 Moshe	r St	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   I Und	er 1 Year   II Under 24 Hours
	Male   Colored   Na 1	NAV 97.18/1/2	last birthday) Month	B Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)   112	CITIZEN OF
work	done during most of working life, aveo if retired) INDUSTRY	Cto Le	V. 1	WHAT COUNTRY
_(	VITERMAN	OT Manys C	O.Md	L.80-
13	ATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
	James brinnell	SUBAN BO	MAIDTT	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL			
(Ye	no or nokoowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADD	RESS
	NO.	EdiTh Edmonds	2 1213W/La	NVale ST.
	18. 422 / . CAUSE	OF DEATH		INTERVAL BETWEEN
П	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH Antani	osclerotic Cardio	vascular Hisea	90
	(This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease,			
	injury or complication which caused death.) DUE TO			11 11 11 11 11 11
	ANTECEDENT CAUSES			
	(B)			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************	
H	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.			
4	(C)	•••••••••••••••••••••••••••••••••••••••	•••••	• • • • • • • • • • • • • • • • • • • •
RTIFICATION	1			
	OTHER SIGNIFICANT CONDITIONS CON-			
ER	TRIBUTING TO THE OEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.			
5	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY7
	TOR. DATE OF CITEMPTON			YES NO D
EDICAL	21a EXTERNAL CAUSE WAS   218. PLACE OF INJURY (e.g., in	o or   21c. WHERE DID (II	f in Baltimore City, give	
0	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.   21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., c		in Donner City; Bire	0,400 10041111,
	UTING CAUSE OF DEATH.			
7	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR7	
	OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK			
		Taga	Tno	
	22. I certify that I took charge of the remains described a	bove, held an Hisp. &	nspection or Inquiry	thercon and from
	the evidence obtained by said Autopsy, Inspection or I			day stated above
	and death in my opinion resulted from: natural causes	, accident , suicide	□, homicide □, und	ctermined [].
	23A. SYGNATURE	238. CHIEF MEDICAL E	XAMINER   23c.	DATE SIGNED
	of the O. 18 Nunle lan	ASSISTANT MEDICAL E	XAMINER	6 7057
21		RY OR CREMATORY 240 LC		county) / (State)
DIE	N. REMOVAL (Specify)	~ ( )	- 1/4-	YVIal
10	urial 3-9-195/11/11/11/11/11	Um Um 1159	Mo-	1114'
D	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	A	DERESS 322 N

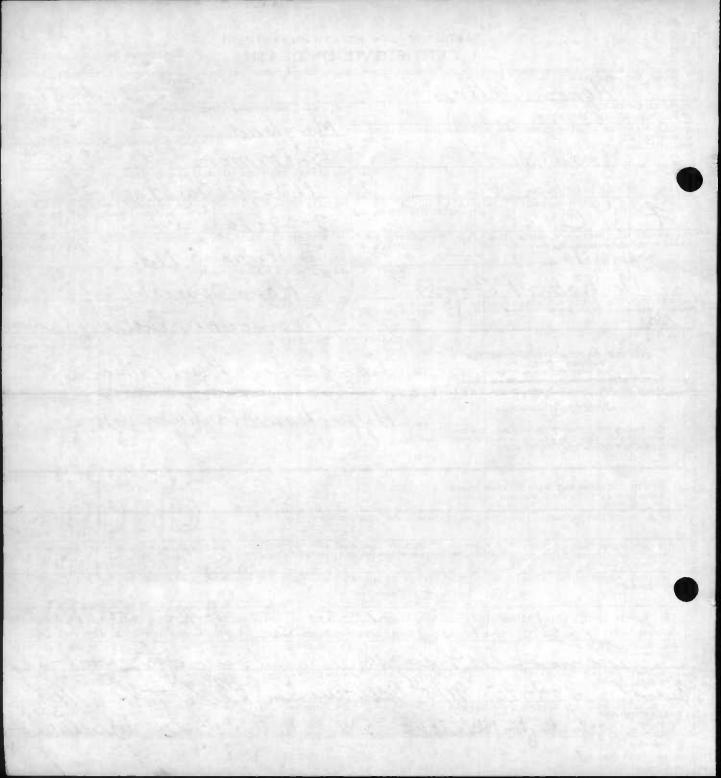


mease with the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT

51 1180

CERTIFICATE OF DEATH Registered No.					
1. NAME OF DECEASE (Type or Print)	0 011			2. DATE	3 . ( = (
Tones Hilen				DEATH	2-4-11
a. Baltimore City, Maryland			A. STATE	(Where deceased li	ived. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR			c. CITY OF TOWN	(If outside corners	te limits, write RURAL and give
INSTITUTION Provident			Baltim	ore	18-0 Lownship)
Yrs.			D. STREET ADDRESS	(If rural, give locat	ion)
Length of stay in Baltimore Mos.			1/33 4	. Sorat	00à St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)			7-27-9	9. AGE (In ye last birthda	ear   M Under   Year   If Under 24 Hours   Min.
10A. USUAL OCCUPATION work done during most of working li	ON (Give kind of 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife			Baltim	ore. Ma	d. WHAT COUNTRY
13. FATHER'S NAME	, , , ,		14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL			Kosa	2parro	w
(Yes, no or uoknown) (If yes,	give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1. K	ADDRESS
100		041105	115.00	phie lo	INTERVAL BETWEEN
ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) Congestive Heart Failure					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
HILDON LOGIC LO CAMALASALIS IN LECONO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
€ UNDERLING CONDITION CAST.					
U (C)  L II  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT					
TISK BATE OF OPERATION					YES NO P
YES NO LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  YES NO LYING IN Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) F INJURY	(Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
THOOK!	m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the deceased from 12-31-, 1950, to 2-4-, 1957, that I last saw the					
deceased alive on 2-3-, 19-7. and that death occurred at Ailam., from the causes and on the date stated above.					
23A. SIGNAPORE 23C. DATE SIGNED					
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D DOCATION (City, Jown, Oregunty) (State)					
TOBER REMOVAL (Specify) 2 - 8-1951 9NH Column Com Clin Fill Mind.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 322/					
FFR7-1057 Einterston Heliams Mrs Katu R. Williams Schroder St					
VS 150 93 D					
6 5 1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1181

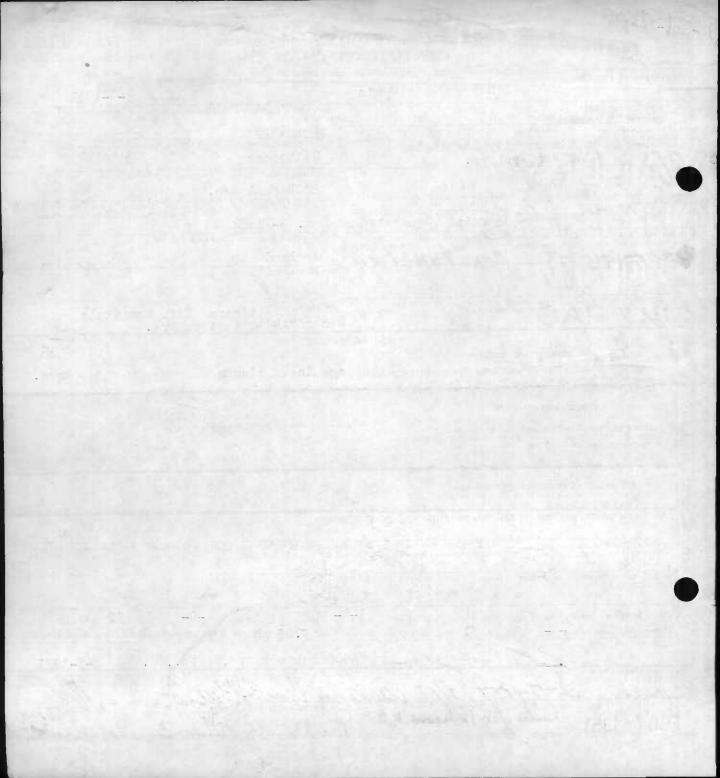
Registered No.

	NAME OF DECEASED Harry Owens Davis		OF 2-4-1	1951				
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where						
H	FULL NAME OF (If not in hospital or institution, give street address or ospital or an address or ospital or institution Baltimore City Hospitals 4940 Eastern Ave.	Maryland c. CITY OR TOWN (If outside Baltimore)	le corporate limits,	write RURAL and giv township				
	Yrs.	D. STREET ADDRESS (If rural,	give location)					
	Length of stay in Baltimore  Life  Mos. Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	1204 Park Ave.	GE (In years   H Un	der 1 Year   If Under 24 Hour				
	M N Married (Separated	Nov. 3- 1882 6	ast birthday) Mont	hs Days Hours Min				
WOL	A. USUAL OCCUPATION (Give kind of to done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign Maryland	country)   1;	2. CITIZEN OF				
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		woa				
	7							
(Ye	WAS DECEASED EVER IN U, S. ARMED FORCES?  a, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANItimore 6 Records: 4940 Eastern	ity Hospita	PESS				
		OF DEATH		INTERVAL BETWEE				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	ogenic Carcinoma		4mos.				
7	ANTECEDENT CAUSES							
SATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)							
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
AL C	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?				
VES 21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING City, give exact to contribute the contribute to the contribut								
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE		CUR?					
M	m.   WORK   AT WORK							
	22. I hereby certify that I attended the deceased from 1-4-, 1951, to 2-4-, 1951, that I last san deceased alive on 2-4-, 1951 and that death occurred at 5.05 AM, from the causes and on the date stated a							
	23A. SIGNATURE 2	3B. ADDRESS		23c. DATE SIGNED				
2.	MA. BURIAL, CREMA- 24B. DATE ZAC, NAME OF CEMETE	940 Eastern Ave. Balto	Md.	2-5-1951 coupty (State)				
20	While 2-7-1951 9117. auch	un Cem Ball	7	Alla.				
LC	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	0	DDRESS 322N				

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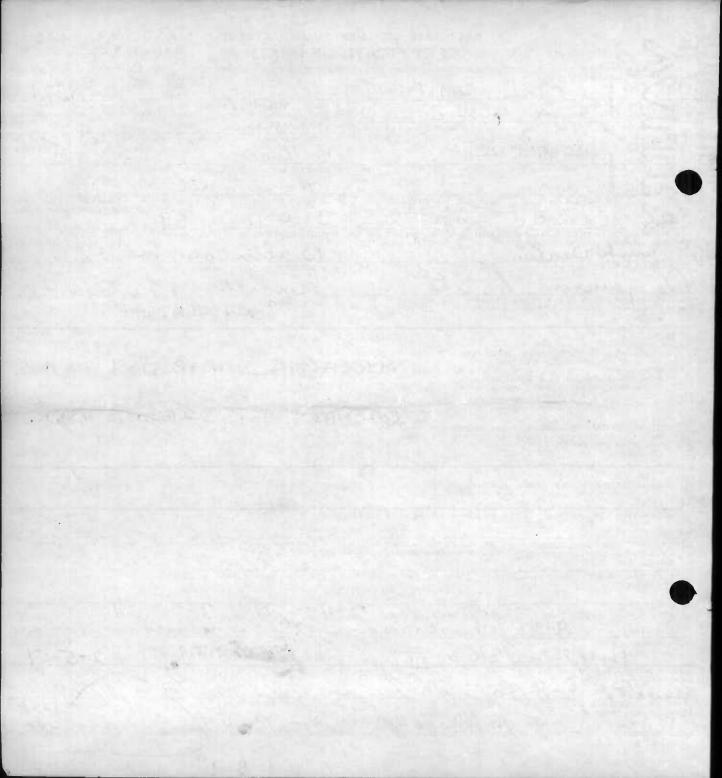
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75.	1480	11	82	

moses of teath clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 1 1182

BIRTH NO.	FICATE OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) LARL SMITH	1 OF FEB 5, 1951
a. Baltimore City, Maryland OSL 2	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give stree	et address or Maryland
HOSPITAL OR INSTITUTION ARMED MANNEY MANNEY	location) C. CITY OR OWN (If outside corporate limits, write RURAL and give township)
Walle Walter Roblit	Baltimore 10 township)
	Yrs. D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore	Days 1046 W. tayllo 31.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORC	CED (Specify) last birthday) Months: Days Hours: Min.
THLE ICOLORED   SINGLE	3-10-11 39
	ISS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Junk Dealer!	Baltimore, md. U.S. a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leuranne Smith	Wrugella gutter
15. WAS DECASED EVER IN U. S. ARMED FORCES?   16. SOCIA (Yes, no or unishown) (If yes, give war or dates of service) SECUE	
Secon	RITY NO. JEANS DOPKINS KOSPITAL
18. 420.1	CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e. g., (A)	MYOCARDIAL INFARCTION 12 HRS.
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	CORONALY ART- SCLEPUSIS / YR.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
Z (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS	OF OPERATION   20, AUTOPSY?
<u> </u>	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJU About home, farm, factory, street CALISE OF DEATH	
LYING OR CONTRIBUTING about home, farm, factory, stree	eet,office bldg.,etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY	Y OCCURRED 21F. HOW DID INJURY OCCUR?
m. WHILE AT WORK	NOT WHILE AT WORK
22. I hereby certify that I attended the deceased for	from 2-4- 1951, to 2-5-, 1951, that I last saw the
0.6.61	eath occurred at 120 Am., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
Juseph Stolles III	M.D. PULLS RUPLING AUSPITCH 2-525
24A. BURIAL CREMA- 24B. DATE 24C. NAME C	OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county), (State)
Journal 2-8-1961 11/7:1	luturn am. Ballo. 1110.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322/
FEB 7-1951 huntil aton Miliante A	Mrs Ket. R. W. Him & Lehroclev &
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	25062
	1700



VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1183

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH February 5, 1951. CHARLES P. STEWART 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 938 S. Clinton St. A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. Length of stay in Baltimore 938 S. Clinton St. Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year last birthday) Months: Days Hours: Min. 8. DATE OF BIRTH If Under 24 Hours Male Sept. 18, 1887 White Married 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dnne during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Watchman Gibbs Packing Co. Baltimore, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Stewart Susan Copper 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give wer nr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 212-14-8189 Etta Stewart 938 S. Clinton St. No INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FIC RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS CA 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING ebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK Thesay 3, 1931, that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 2:57 Bollsom the causes and on the date stated above. deceased alive on I change 5 19.2/ 234 SIONATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATOR 240. LQ TION (City, town, or younty) Burial Oak Lawn Cemetery Ave. Balto. Md. DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR , Lever 901 S. Conkling St.

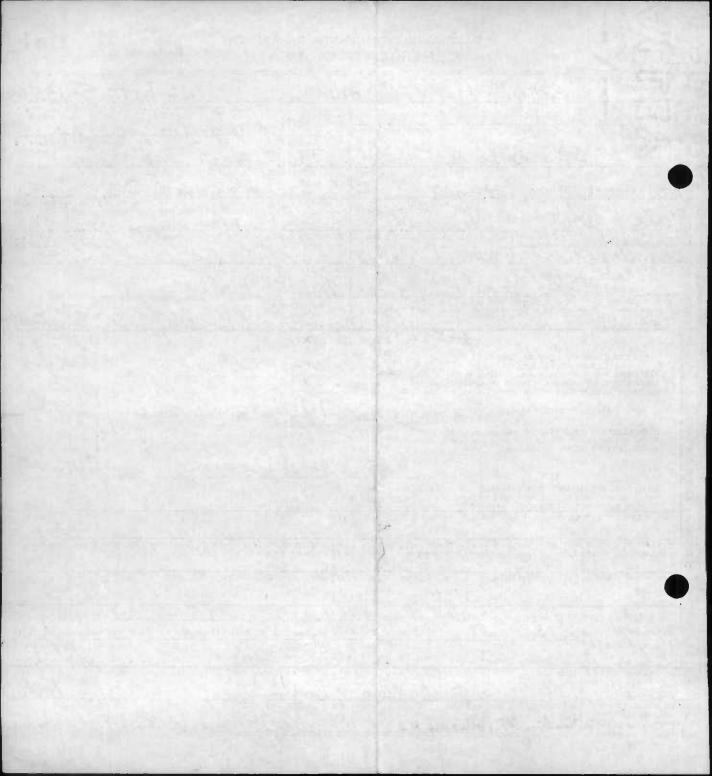
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1.	NAM	1E	OF	DEC	Ē

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1184

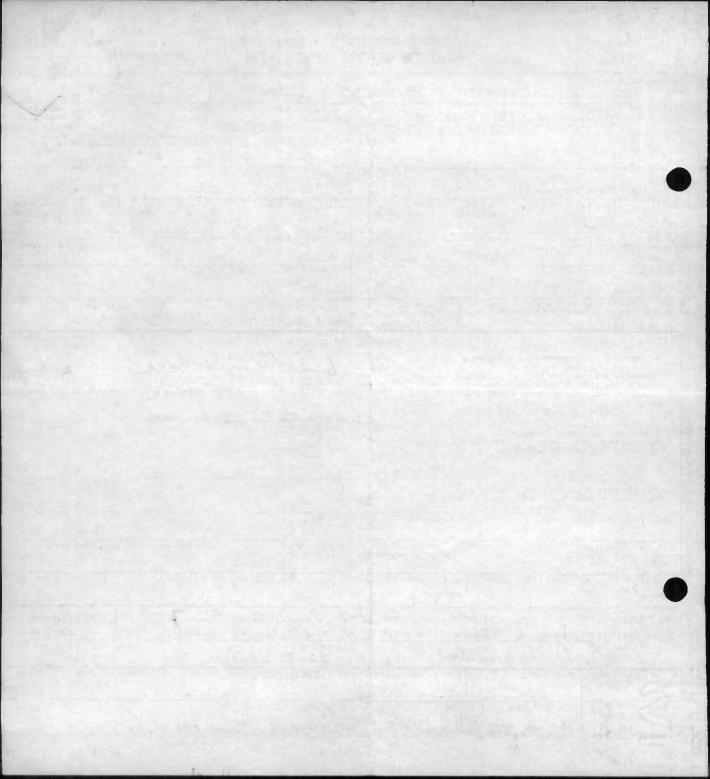
1. NAME OF DECEASED FRANK-M. KENDA	LL. 2. DATE OF DEATH Feb. 5-1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland.
HOSPITAL OR INSTITUTION FOR S	c. CITY OR TOWN (If outside corporate limits, write Rule and give
535-5. Longwood 5t.	Ballimore L
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore House. Days	535- J. Longwood St.
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min.
pace while manied.	clune-16-18 95 55
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Fork 1000 Suring new of working life, every fifted in the contraction of the contract	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Chauffer Radiad & Donders. Jumber Co.	Louson, - Mod. U.S.A.
13. FATHER IS NAME	14. MOTHER'S MAIDEN NAME
Castner Kendall.	mattie Wales.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no pr unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
YES - World Was no. (. 126)	mrs. Sophies / Kendall - 535-5 Longwood St
DICASEX DE CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH	mary Occlusion Judden
heart failure, asthonia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	· IA A A A A
ANTECEDENT CAUSES	s. Oscalle Mesore 2 years
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	•
	and processe 26 Mounts
II	mor Grades 20 mars
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
Y 21A, ACCIDENT, SUICIDE. 21B, PLACE OF INJURY (e.g., in	n or 21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) sbout home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
Σ	
IO. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 10	19 19/18 to 2/5 , 197, that I last saw the
deceased alive on 3 , 19 , and that death occur	rred at Im., from the causes and on the date stated above.
23a SIGNATURE 2	3B. ADDRESS 23c. DATE SIGNED
Coliet Wyshines M.D. E	7436 oreas and 1991
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Burial. 180. 4-1951. Balto. Nations	il Cemeley. Mol.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL HIRECTOR ADDRESS
FFB7-1951 Thurstrator Milians Ma	Charles J. Dehwal: -35/2- Frederick-Ave.
VS 150	3/5//



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1185

BI	RTH NO.							
	NAME OF DECEASED ype or Print) Rosalie Ciech	anowicz	Or Chiechans	ki Or (Chas	e)	of Feb	,7-1951	
B. H		1813 F1	eet St/ ion, give street address on location	A. STATE Ma:	ryland	here deceased lived B. COUNTY outside corpor te li	. If institution bef	fore admission)
C.	Length of stay in Baltimore		Yrs. Mos. Days	1913 F10		rural, give location)	)	
5. Fe	SEX   6. COLOR OR RACE  PMALE   White  A. USUAL OCCUPATION (Give kind of chome during most of working life, even if retired)	WIDOW Widow	E. MARRIED, VED, DIVORCED (Specify  OF BUSINESS OR INDUSTR)	0ct,20-188	3 ?	9. AGE (In years last birthday) 67 ?	Months Days	Hours Min.
15	Labor  FATHER'S NAME  Michael Mazewski  WAS DECEASED EVER IN U. S. ARME  TO DE UDADOWD)  (If you, give war or date	Poland 14. MOTHER'S N Clara ? 17. INFORMANT	?	AME 1813 Fleet	ADDRESS			
ATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It meinjury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION	TH of dying, e. ans the disea: caused deatl SES  IF ANY, GIVII STATING T	g., (A)	of DEATH	lems ii . se	orhoge	INTER	RVAL BETWEEN T AND DEATH Death The state of
AL CERTIFICATION	II OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	ITIONS CO NOT RELAT N CAUSING	ED	RATION			20. YES	AUTOPSY?
EDICA	21A, ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PL/ about home,	ACE OF INJURY (e. g., farm,factory,street,office bldg.	in or 21c. WHERE (etc.) INJURY OCC		f in Baltimore Cit		
Z	D. TIME (Month) (Day) (Year		21E. INJURY OCCURE WHILE AT WORK NOT WHILE AT WORK					
	22. I hereby certify that I at deceased alive on February 133. SIGNATURE		and that death occu	739, 19.  rred at 739, And 23B. ADDRESS 3218	SI, to I	he causes and or	n the date o	ATE SIGNED
TI I	44. BURIAL, CREMA- ON, REMOVAL (Specify) Burial Feb, 10- ATE RECEIVED BY DCAL REGISTRAR	1951	M.D. 24c. NAME OF CEMETI St. Stanislaus JRE		Balt	cimore, Md.		(State)
F	VS 150	g/90-/3	124 970	4 2	yvere	100 20, 0	7	(20

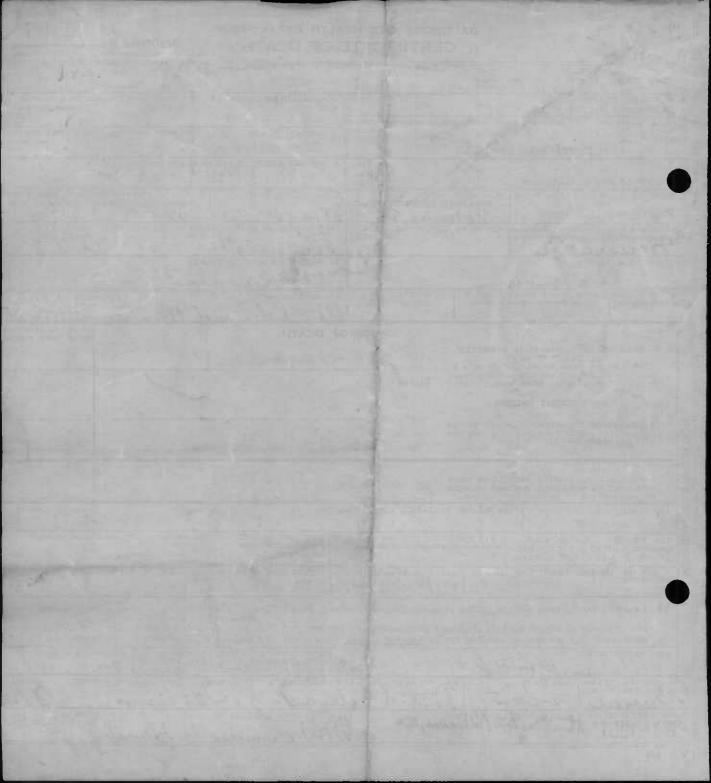


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1186 Registered No.

LBI	RTHINO						
	NAME OF D		LIZABETH	MI	NTER	2. DATE OF Febru	nary 5, 1951
A.		City, Maryland			A. STATE Marrel on	(Where deceased lived, If in	nstitution: residence before admission)
HC	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	al or institution	ı, give street address o location		(If outside corporate limits,	
		Provident 1	Hospital		Baltimo		township
	ongth of a	tav in Baltimore		Yrs. Mos.	D. STREET ADDRESS (	ting Street	7000
5.	SEX	6. COLOR OR RACE	7. SINGLE.	Days MARRIED, D, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   H Under 24 Hours   ths: Days   Hours   Min.
-	Female	Colored	ma	urud.	May 17.191	35	
	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	CV./J. W
		Interior	m		Whitewo	un	
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	77. INFORMANT	and minter	DRESS 1713
	18. U	1.3	P. H	CAUSE	OF DEATH	M. HIVOW	INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA		Dh assa	stic beent digos		ONSET AND DEATH
	heart failt	s not mean the mode are, asthenia, etc. It mes complication which	of dying, e.g., ans the disease,	(A)	atic heart disea	5E	******
	injury or	ANTECEDENT CAU		DUE TO			
Z	DISEASE	S OR CONDITIONS,		(B)			•••••
TION	RISE TO	THE ABOVE CAUSE (A)	STATING THE	DUE TO			
ICA				(C)			
RTIFI		SIGNIFICANT COND TO THE DEATH, BUT					
CEF	TO THE D	ISEASE OR CONDITION	CAUSING IT.	INDINGS OF OPE	RATION		20, AUTOPSY?
1							YES NO X
EDICA	21A. EXTERIUNDERLYIN	NAL CAUSE W <b>as</b> G [] or contrib- cause of death.	about home, farm	E OF INJURY (e. g., m, factory, street, office bldg.		(If in Baltimore City, gi	ve exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	WH	E. INJURY OCCUR!		JRY OCCUR?	
	22. I certi	fy that I took char	rye of the re	emains described	above, held an Inspe	ction & Inquiry	thereon and from
	and de	eath in my opinion	said Autoparesulted from	sy, Inspection or om: <u>natural cause</u>	Inquiry, find that said S [], accident [], suicident []	de 🗌, homicide 🗍, un	day stated above, idetermined .
	23A. 5/GNA	liam Vou	W/-		23B. CHIEF MEDICA ASSISTANT MEDICA M.D. MEDICAL INVESTIG	ATOR FE	b. 5, 1951
try	N. JEMOVAL (S	CREMA- Specify) 24B. DATE	51 7	name of Center	Luw 240	attimer	or county) (State)
DA	TE RECEIVE	D BY REGISTRAR	S SI WILL A	tur, Man	25. FUNERAL DIRECTO	R Ja Ja 57	ADDRESS Biddle St.
-	2 3 2 3				TO TYCH TOUR	2, 2, 1, 1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	7

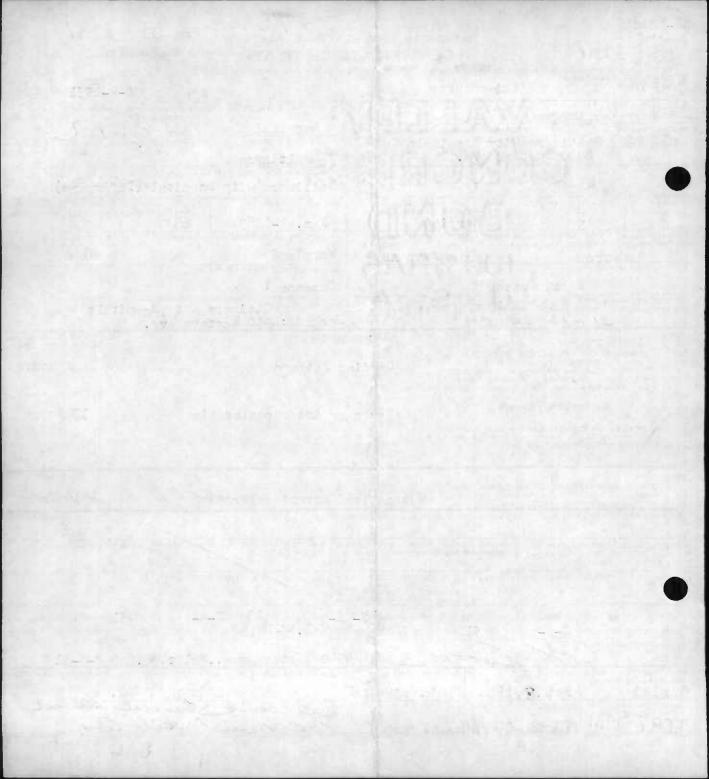


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1187

Registered No-1. NAME OF DECEASED 2. DATE (Type or Print) William Hutson 2-4-1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside cyrporate limits, write RURAL and give Baltimore City Hospitals INSTITUTION 4940 Eastern Ave. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos Baltimore City Hospitals (Infirmary) Life length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) II Under 24 Hours last birthday) Months; Days Hours; Min. M Married Jan. 1-1883 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland Laborer Glass works 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Smith Hutson Susanna? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORM Byltimore City Hospital Ress (Yes, no or unknown) SECURITY NO. 217-03-3415-8 Records: 4940 Eastern Ave. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Cardiac Failure 2 hours heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Coronary Arteriosclerosis 10 years ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Ü L RH OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Generalized Arteriosclerosis 10 Years TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from 7-28-1948 to 2-4 , 1951, that I last saw the dcceased alive on 2-4- 19 51, and that death occurred at 4.45PMn., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave., Balto, Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Baltimore, Md. Burial Feb.8. Mt. Auburn CHRECTER Guneral Strome DATE RECEIVED BY LOCAL REGISTRAR

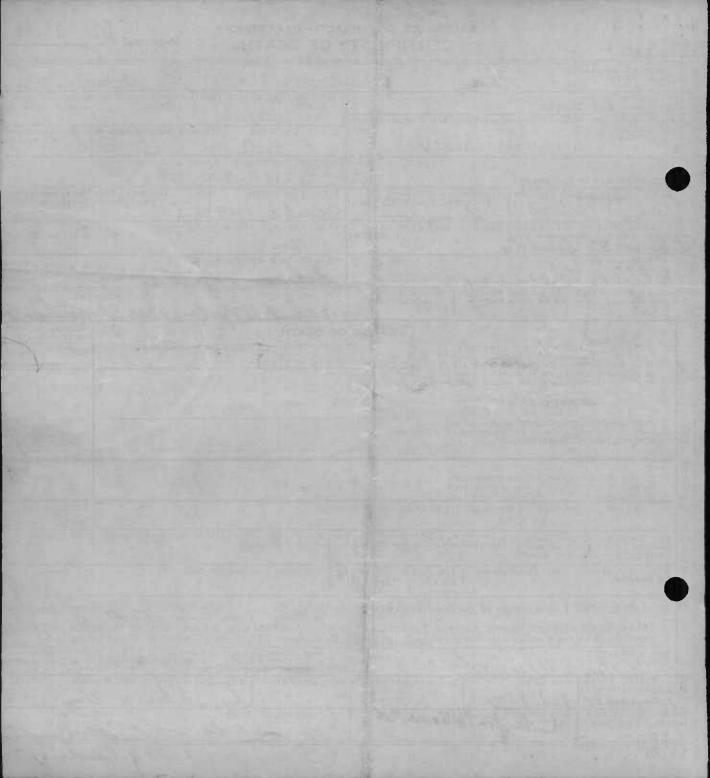
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# BALTIMORE CITY CERTIFICA 1. NAME OF DECEASED

1188

1. NAME OF DECEASED (Type or Print) AUBREY CALLO	WAY   2. DATE OF DEATH February 4, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	
Johns Hopkins Hospital	Baltimore 3-0 township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  10 S. Bond Street
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years li Under I Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of open to the control of the con	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Laborer IS young Co.	Va
E Die Collange	14. MOTHER'S MAIDEN NAME
15. WAS DE LEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Ethel Miller 1300 St Marthay St
no	
22.7	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	eathic epilepsy
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY? YES X NO
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.	in or   21C. WHERE DID (If in Baltimore City, give exact location)
2 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURS OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described	above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above,  2 A, accident , suicide , homicide , undetermined .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
24a. BURIAL, CREMA- 24B. BATE 24C. NAME OF CEMETO	
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Mres. Tobt A. Ellerty Bught
vs 131 7 1331	1/ 112971. Carolings
1,191	000000 85



536			. 1	
71.00	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No.	1. 1.189
1. NAME OF DECEASED (Type or Print)	IIIIS A	NAPENIS	2. DATE OF FFB	7.1951
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL	-2	4. USUAL RESIDENCE ()	Where deceased lived. If ins	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution INSTITUTION (If not in hospital or institution)	ution, give street address or location)	C. CITY OR TOWN (I	f outside corporate limits, v	write RURAL and give township)
Sength of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	Country
5. SEX   6. COLOR OR RACE   7. SING	Days LE, MARRIED, WED, DIVORCED (Specify)  ORRIED	8. DATE OF BIRTH	9. AGE (In years) If Uno	der I Year II Under 24 Hours hs: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during host of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	CITIZEN OF
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. UNFORMANT	PKINS HOSPITAL ADD	RESS
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused dear  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT	es, (A) PRIE	OF DEATH FIOLONEPHRO	Se C/5/20\$15	AMOS.
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED			
19A. DATE OF OPERATION   198 MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY7
LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?	lf in Baltimore City, give	
ZID. TIME (Month) (Day) (Year) (Hour) INJURY m.	WHILE AT NOT WHILE WORK	ED 21F, HOW DID INJUR	Y OCCUR?	,
	. and that death occur	red at 12 m., from t	he causes and on the	
23A. SIGNATURE	CO III M.D.		IND RUDPITAL C	23c. DATE SIGNED
24. BURIAL GREMA: 44B. DATE TION REMOVA (Specify) DATE RECEIVED BY   RECISTRAR'S SIGNAT	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	Darrett	County) (State)
FEB 7 1951	and HAR	Des, 40/	Relson	2
VS 150	10010	1303	Pressen	10 ST

THE PROPERTY OF THE PARTY OF TH . . . . . WORLD WAT MACHE 1-2-6. me and the result

township)

20. AUTOPSYT

(Type or Print)

NAME OF DECEASED

IRTH	NO.11	30	CERTIFICATE	OF	DEATH

			1 2. DAIL
CHADIES	DATE	SIEGCHRIST	OF
OHMITTED	DUTE	OLEGULATOL	DEAT

Feb. 7, 1951 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: Md. B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF

HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2742 N. Charles Street

Baltimore Vrs. D. STREET ADDRESS (If rural, give location) Mos. 2742 N. Charles Street ength of stay in Baltimore 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX

WIDOWED, DIVORCED (Specify) male white Dec. 21, 1888 married 62 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired)

State of Md. Adjuster City Tax 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME

Christopher Siegchrist Lillian Dale 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO.

216-09-1625 no Mr. Weldon Wilkinson - 3801 Cedardale INTERVAL BETWEEN 18. 20:1 DNSET AND DEATH teclusion DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUF TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21c. WHERE DID

(If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? PRIMARY DR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH.

21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT

WORK

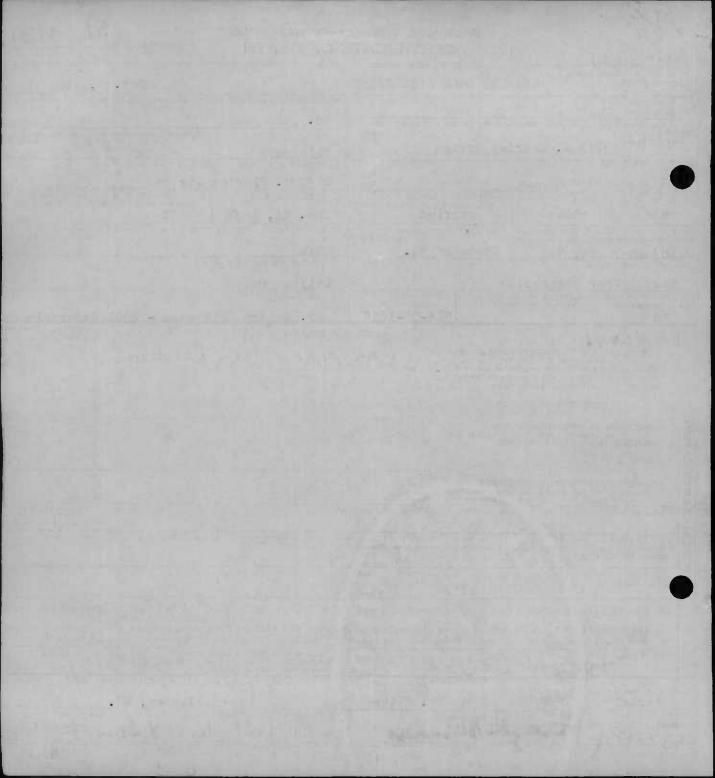
Mereon and from 22. I certify that I took charge of the remains described above, held an Autorsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \).

23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER. 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER...

MEDICAL INVESTIGATOR 24D. LOCATION (City town, of county) 24c. NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial Randallstown. Mt. Olive

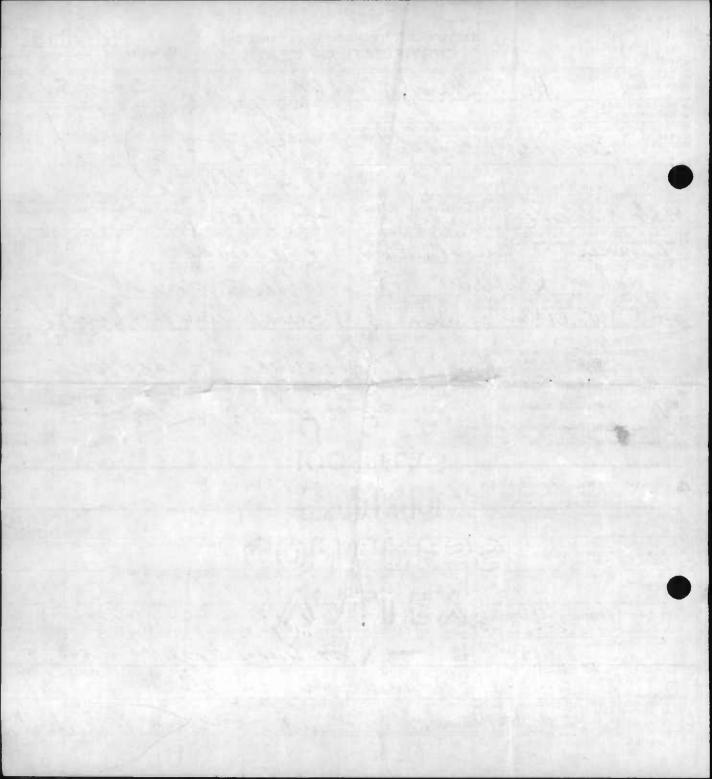
ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR



450				
1191 BIRTH NO.	CERTIFICATE		Registered No.	1191
1. NAME OF DECEASED (Type or Print)	: Miamy Kill	ian	2. DATE OF Z-S	-51
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		titution: residence before admission)
e. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION BON SERVIS	nstitution, give street address or location)	c. CLEY OR TOWN PLE	outside corporate linlits, w	rity RUDAL and give township)
ength of stay in Baltimore	63 Yrs. Mos. Days	D. STREET ADDRESS (1)	(ral give location)	
	INGLE, MARRIED, VIDOWED, DIVORCED (Specify)	July 1887	9. AGE (in years last birthday) Month	r I Year H Under 24 Hours S Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. work done doing most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or for	reign country)   12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S WAME Chill	lan const.	14. MOTHER'S MAIDEN NA	Lourad	<i></i>
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of services) (World War	vice) 16. SOCIAL SECURITY NO.	Lewy Kelle	cus / C/9 (el	FSS HAT
DISEASE OR CONDITION DIRECTED IN THE INTERPOLATION OF THE INTERPOLATION	ortly  ing, e.g., disease, death.)  DUE TO  GIVING	exial leg	in farcti	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS	RELATED			
19A. DATE OF OPERATION   19B M	AJOR FINDINGS OF OPERA	TION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About CAUSE OF DEATH	B. PLACE OF INJURY (e.g., in t home, farm, factory, street, office bldg., etc	or 21c. WHERE DID (If	in Baltimore City, give	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TID. TIME (Month) (Day) (Year) (Hour	2 1E. INJURY OCCURRED NOT WHILE M. WORK NOT WHILE AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended deceased alive on 2, 19	[ and that death occurr	sed at 9.10 pm., from the ADDRESS SON Secours	e causes and on the c	hat I last saw the date stated above.  3c. DATE SIGNED  2-5-6-7
TION, REMOVAL (Specify) 2-9-5	1 Holy Beder	Y OR CREMATORY 24D. LO	CATION (City, town, or e	eounty) (State)
DATE RECEIVED BY REGISTRAR'S SIG	MATURE /	Lack DIRECTOR	chsa 900	I Celeste

VS 150

56424



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1192 Registered No.

BIRTH NO:										
	NAME OF D		Edward		2. DATE OF DEATH February 6, 1951					
	PLACE OF D Baltimore (	EATH: City, Maryland	300		4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE before admission)					
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN (If	outside corporate limits,				
11	1	St. Jos	eph's		Baltimore	1200	5 township)			
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)				
		tay in Baltimore		Days	2253 Fulto					
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		nder I Year   If Under 24 Hours ths: Days   Hours   Min.			
	М.	Colored		arried	Aug 11, 1890					
		CUPATION (Give kied of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY?			
		Watchman	Scarl	Lett Co.	Maryland		U. S. A.			
13	FATHER'S	NAME		steps lw	14. MOTHER'S MAIDEN NA	AME				
		ames Curtis			Cornelia	?				
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS			
	no			217-09-8758	Sammie Curtis	2253 H. Fulto	n Ave.			
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO									
		ANTECEDENT CAUS	ES							
CERTIFICATION	RISE TO T	S OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	STATING TH							
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Arteriosclerotic heart disease									
AL	19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?			
IEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., ic arm, factory, street, office bldg., e		f in Baltimore City, gi	ve exact location)			
FINJURY  (Month) (Day) (Year) (Hour)  21E, INJURY OCCURRED  21F, HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK  AT WORK										
		bruary 6,1951, he causes and on the								
	23A. SIGNAT	TURE / A A	quest	2	3B. ADDRESS 1400 N. Caroline		23c. DATE SIGNED Feb. 6, 1951			
TIC	AA. BURIAL, CON, REMOVAL (S Buriel	pecify) 2/11	/51	Mt Zion		OCATION (City, town, o				
	ATE RECEIVE DCAL REGIST FB8 = 19		anna 2 / / D		Géo. G. Kelson 1303 Presstmen St.					
VS 150 76367 Kedson 55E										

in the state of the state of mile 

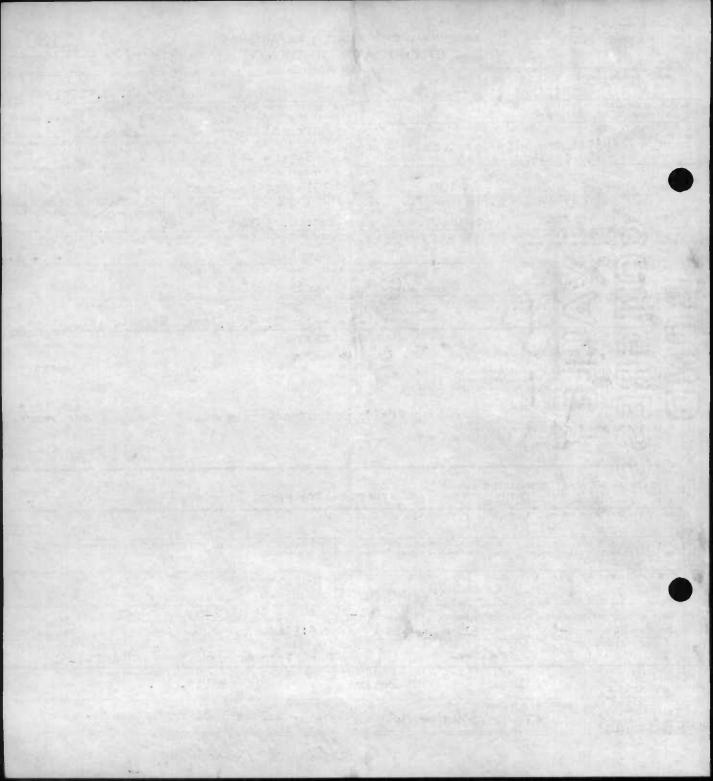
456-145452

## BALTIMORE CITY HEALTH DEPARTMENT

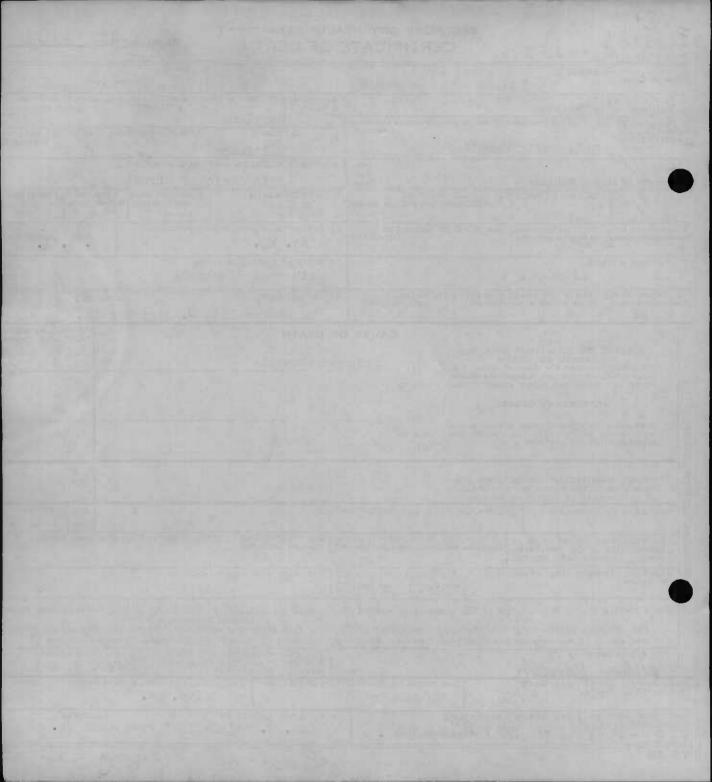
1193

В	CERTIFICATE OF DEATH  Registered No.								
	NAME OF E	DECEASED Mildred	Gilmon	•		2. DATE OF DEATH	Feb. 6,	1951	
A	Baltimore	City, Maryland			A. STATE	ENCE (Where deceased	d lived. If insti		
H	FULL NAME OSPITAL OR ISTITUTION	Baltimore Ci 4940 Eastern		ion, give street address of location of tals	Maryland c. CITY OR TOWN Baltimo	re	4-0	rite RURAL and give township	
	ength of s	stay in Baltimore	I	ife Yrs. Mos. Days	D. STREET ADDR		ation)		
5	SEX Female	6.COLOR OR RACE	7. SINGL WIDOV Sepa	E. MARRIED. VED, DIVORCED (Specify arated	Aug. 4, 19	8. DATE OF BIRTH 9. AGE (in years if Under I Year if Under 24 last birthday) Months; Days Hours; I			
wor	A. USUAL OC done during most	CCUPATION (Give kind of of working life, even if retired)	I TOR KIND	O OF BUSINESS OR INDUSTRY	Maryland	11. BIRTHPLACE (State or foreign country) 12. CITIZEN (WHAT CO			
13	3. FATHER'S'			(-)	14. MOTHER'S MA		1127		
_		Titus Brow		(D)	Susie Woo	dland			
(Ye	MAS DECEAS , no or unknown)	ED EVER IN U, S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR		
	no			*	Records: B.	С. н. 4940 Е	astern A	venue	
CERTIFICATION	(This doe: heart failt injury or DISEASE RISE TO T	SE OR CONDITION LEADING TO DEA'S not mean the mode of ure, asthernia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH  of dying, e. 1  ons the disease  caused death  SES  F ANY, GIVING  STATING TH	e, .) DUE TO Malig	ia nant Hyperte	nsion		3 weeks  More than one year	
CERTI	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D Hyner	tensive Hear	t Disease		More than One Year	
SAL	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION			YES NO	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) This is a contribution of the								exact location)	
	22. I hereb	y certify that I att	ended the	deceased from 1.	<b>-28</b> 195	1, to 2-6	. 1951, th	nat I last saw th	
		live on 2-6		and that death occu	rred at 5:15A m.	, from the causes a	nd on the d	ate stated above	
	23A. SIGNA	(H. U.	desco	M. D.	238. ADDRESS 4940 Eastern	Avenue	23	3c. DATE SIGNED 2-7-51	
TI	4A. BURIAL, ON, REMOVAL (S BUT 1	CREMA- 24B. DATE Specify) 2/9/51		24c. NAME OF CEMETE St Peter		Balto. Mo	ity, town, or co	ounty) (State)	
	ATE RECEIVE			RE MAR	25. FUNERAL DIR	ECTOR son 1303 Pres	stman S	PRESS	

Geo. G. Kelson



BIRTH NO. 57-02527	BALTIMORE CITY HE CERTIFICATE		Registered 1	No. 1191					
1. NAME OF DECEASED			2. DATE						
(Type or Print) REGIN	NA SHARPE			uary 5, 1951					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W. A. STATE	here deceased lived. If B. COUNTY	institution : residence before admission					
B. FULL NAME OF (If not in hospital or HOSPITAL OR	institution, give street address or location)	Maryland C. CITY OR TOWN (If	outside cornotete limi	ts write RURAL and give					
University Hos	spital	Baltimore	15-	township					
	Yrs.	D. STREET ADDRESS (If r	ural, give location)						
ength of stay in Baltimore	Mos. Days		ker Street						
	SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2/4/51	last birthday) M	onths Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Balto. Md.	reign country)	12. CITIZEN OF					
13. FATHER'S NAME Wm Sharpe		14. MOTHER'S MAIDEN NA Catherine Black							
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se		17. INFORMANT	A	DDRESS					
no (1. jes, kite war of dates of se	SECURITY NO.	Wm Sharpe 1344	N. Stricke	r St.					
heart failure, asthenia, ctc. It means the injury or complication which cause  ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
11	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?					
21a. EXTERNAL CAUSE WAS 2 UNDERLYING OR CONTRIB. about uting Cause of Death.	1B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., e		in Baltimore City,	YES NO X					
	Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT NOT WHILE								
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes X, accident \(\sigma\), suicide \(\sigma\). homicide \(\sigma\), undetermined \(\sigma\).									
William Voortist		238 CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	XAMINERX	eb. 5, 1951					
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) BURIAL 2/8/51	24c. NAME OF CEMETER Mt Auburn		elto. Md.	or county) (State)					
DATE RECEIVED BY REGISTRAR'S SILLOCAL REGISTRAR FFB 8 - 1951	STEED Address !	25. FUNERAL DIRECTOR Geo. G. Kelson	1 1303 Press	address tman St.					
V S 151		New · B	· Rela	107 V					



1 4	2 50								
, , , , ,	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1195								
(T	NAME OF DECEASED  spe or Print)  PLACE OF DEATH.	2. DATE OF DEATH Telm	uans 6, 1951						
Α.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : risidence before admission)						
H	FULL NAME OF (If not in hospital or institution, give street address of location STITUTION (If not in hospital or institution, give street address of location structure)	c. CITY OR TOWN (If outside corporate limits, v	vrite RURAL and give						
	ength of stay in Baltimore Yrs, Mos. Days	D. STREET ADDRESS (If rural, give location)	,						
7	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	6-8-85 (ast birthday) Month	ei I Year If Under 24 Hours B Days Hours Min.						
work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  INDUSTR	Virginia	WHAT COUNTRY						
	Almaham Threat	millie Cheese,							
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADD SOPERS HOSPITAL	RESS						
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	OF DEATH  Connaction	INTERVAL BETWEEN ONSET AND DEATH						
FICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	cobacterium tubenulos.							
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.								
	194 DATE OF OPERATION 1 198 MAIOR FINDINGS OF OPERATION								
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		e exact location)						
-	210 TIME (Month) (Day) (Vors) (Vors) (Vors) (Vors)								

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour) WHILE AT

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from.

. 1951, that I last saw the 475Pgn., from the causes and on the date stated above. deceased alive on .. and that death occurred at. 23B. ADDRESS 23c. PATE/SIGNED

24A BURIAL, CREMA-

24c, NAME OF CEMETERY OR CREMATORY

240 LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

-10-01

FUNERAL DIRECTOR

VS 150

ADDRESS W. Biddle

(State)

Entrans Land Broken State of the State of th Es es s- 1 1 Hardin Level I was Land Libert Thereton Thursday 

1	65 TH NO.	6			EALTH DEPARTMENT	51 Registered No.	1196
(Typ	AME OF DI e or Print)	IIR.	lore	15 HARIA	MOVITZ	2. DATE OF DEATH 2 - 7	7-51
<b>A</b> . В		ity, Maryland			A. STATE	Where deceased lived, If inst B. COUNTY	before admission)
HOS	ULL NAME OF	105 Gust	Paltu	on, give street address o locotion	c. CITY OR TOWN (I	of outside corporate mits, w	RURAL and give township)
C. 1	ength of st	tay in Baltimore		50 Mos.	17-1-2	alterno	ext
5, s	Re	Oute	ma	ED, DIVORCE (Specify	0	last birth my) Months	of l Year Hunder 24 Hours Hours Min.
Z Z	Milling work o		10B. KIND	OF BUSINESS OR INDUSTR	die		CITIZEN OF WHAT COUNTRY?
13.1	PATHER'S N	da -			Not two		
168, 1	WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	bramourt -	RESS
FICATION	(This does heart failu injury or DISEASES RISE TO T	EE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAU: S OR CONDITIONS, HE ABOVE CAUSE (A) VING CONDITION L.	TH of dying, e. g. ans the disease caused death. SES IF ANY, GIVING STATING TH	DUE TO LEFE	of DEATH  brown enlow  ros cleron Y	Lypertersia	INTERVAL BETWEEN ONSET AND DEATH
CERT	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D	rual, legs to	empleyer	3 yr.
				FINDINGS OF OPE	RATION		20. AUTOPSY?
	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		CE OF INJURY (e. g., rm, factory, street, office bldg		(If in Baltimore City, give	
2 -	ID. TIME	Month) (Day) (Year		HILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
		y certify that I at		deceased from and that death occu	1 1000	2/7, 195/, t the causes and on the	hat I last saw the
9	deceased of	709010	Bl	ma that acath occi	23B. ADDRESS Be		3c. DATE SIGNED
24A TIOS	BURIAL, C REMOVAL (S	CREMA- 24B. DATE pecify) 2 -8 =	17		Jehren	Balts	, Mad
	ERECEIVE CAL REGIST		S SIGNATU	RE MALA MARK	25. FUNERAL DIRECTOR	he 2100 &	The Ph
	VS 150	å	(	75865		8	×3a_

The forests as experient a to something to some A VIEW OF THE STATE OF THE STAT The word think was The same of the sa the supplied of the superior The second of the second secon

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1	51 1197
l	BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 1197 Registered No.

BI	IRTH NO.						- 0. 0					
(T)	NAME OF D 'ype or Print)		BAG.	HAEL	A	102	BIN		2. DATE OF DEATH	2-7	-4	7
	Baltimore C		yland		( - Y 5		4. USUAL RES	SIDENCE (Wh	ere deceased live		tion : resid	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If ) 4/37	Fac	al or institution	on, give street a	Jocation)	c. CITYOR TO	tous	utside corporate l	15		and give
	Length of s	tay in Ro	Itimora		45	Yrs.	LIAT.	7	ral, give location	ao	e	
-	SEX		OR RACE	7. SINGLE,	MARRIED, ED, DIVORCEI	Days (Shecify)	8. DATE OF BI		9. AGE (in year last birthday)			der 24 Hours
10	mule	while	to	qua	une		- A	= (2)	65			
AOL	A. USUAL OC Legone during must of	of working life,	even if retired)	10B, KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLAC	Se (State or fore	eign country)		HAT CO	
13	FATHER'S N	NAME //					14. MOTHER'S	MAIDEN NAM	ME.			
16	. WAS DECEASE	HUL	O CO	TOPETCE I	16.606141		nor:	nuoc	ou			
(Ye	s, no or unknown)	(If yes, gi	ve war or dotes	of service)	16, SOCIAL SECURIT	TY NO.	lley	Rutin	) -	ADDRE	ul	>
	18. 3 3	BIX	1		С	AUSE	OF DEATH				NTERVAL E	
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)									1 de		
				ns the disease aused death.			1					
7	ANTECEDENT CAUSES  (B) Outlinet										57	4
FICATION	RISE TO T	HE ABOVE		F ANY, GIVING STATING TH ST.	G	Ol	Marie Ma	u a carle	( Poulus		47	4
ERTIF				TIONS CON		2	77				- 0	1
U		ISEASE OR	CONDITION	CAUSING IT			ATION				20. AUTC	DPSY?
AL			3								YES .	No [
EDICAL	21A. ACCIDE HOMICIDE				CE OF INJUR				in Baltimore Ci	ty, give ex	kact locati	ion)
X	D. TIME	(Month) (	Day) (Ycar)	w		NOT WHILE	ED 21F. HOW	DID INJURY	OCCUR?			
22. I hereby certify that I attended the deceased from 1940, to							27-,1	951, tha	t I last	saw th		
	deceased a	deceased alive on 2 , 1951, and that death occurred at 8 P m., from the causes and on the date stated above									dabove	
	23a. SIGNA	5.0	. Fel	drum	2-	M. D.	3B. ADDRESS				2/1	LII
TI	44/ BURIAL, ON REMOVAL (S	CREMA- 2. Pecify)	4B. DATE -8-4	7 2	4c. NAME OF	CEMETE	RY OR CREMATO	DRY 24b. LO	GATION City, t	own, or cou	Inty ZU	(State)
DL	ATE RECEIVE OCAL REGIST	RAR 1951	FGISTRAR'	SSIGNATUR	RE MAJHA		25. FUNERAL	DIRECTOR	2100 (	Seite	RESS	Pl
=	VS 150	1001	-			1/				0	(20	
I		1 31			ME.K	-	\$ 5° 1)	0 1	100	6		

John Balls John

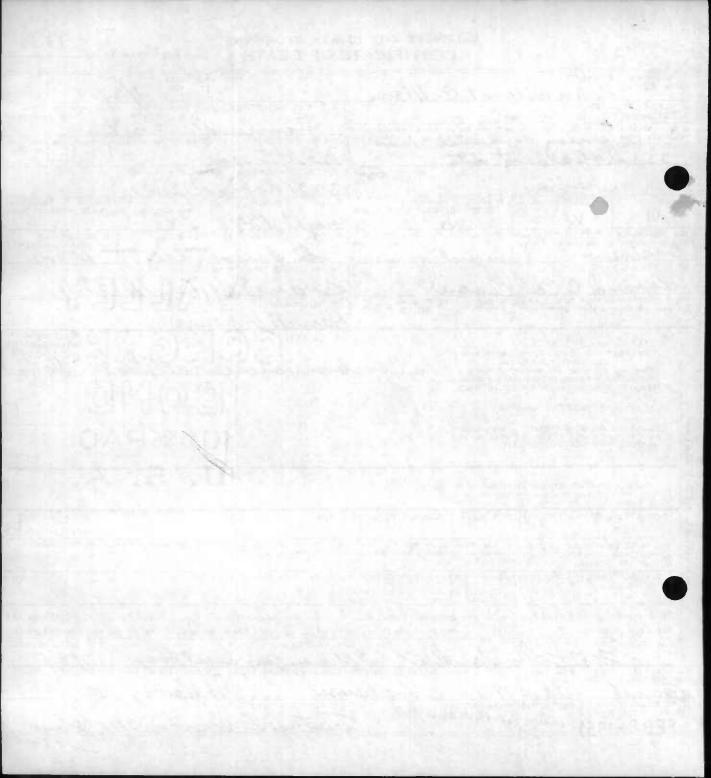
425 1198 BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 1198

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) John Gilbert Collison	2. DATE OF DEATH 2/8/51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE  B. COUNTY  before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
33 vd & Colvert Ato	Boltings 12-0 fownship
Yrs Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
M WIDOWED, DIVORCED (Specify)	may 18. 1892 St Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BARTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY
Enqueer Jusqual Engineering	D. Termerce USA
13. FATTER'S NAME	14. MOTHER'S MAIDEN NAME
Columna C Collison	Frances Bleedere
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Colling - 3921 Rel Mare
18. 3 3 1 X . CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	bus varcular arrident 3 days.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION   20, AUTOPSY?
O	YES NO P
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, at reet, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw th
deceased alive on, 19, and that death occur	
23A. SIGNATURE 2	3B. ADDRESS 23C. DATE SIGNED
A C Camunda M.D.	Unau Approprial Noch 7/8/5)
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Quesal Vet 10 1951 Woodlas	un Woodlaun, ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
FEB.8-1951	euslew 6. Nonwan -3818 Noland

5833W

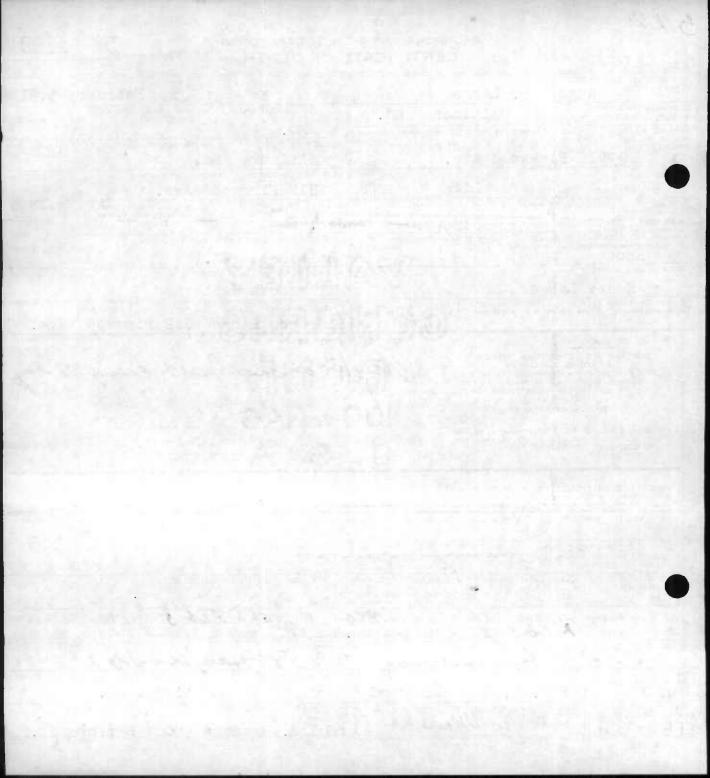


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### BALTIMORE CITY HEALTH DEPARTMENT

Registered	51	1199	
Registered	No	41.00	

RTH NO.	313		OLIVIII IOAI	E OF DEATH	registered		
NAME OF D					2. DATE		
		Lange	9		DEATH P	bruary 5,51	
Baltimore (	City, Maryland			A. STATE	Where deceased lived. I B. COUNTY	f institution: residence before admission)	
SPITAL OR	OF (II not in hospit	al or instituti	ion, give street address or location)		f outside cornorate line	its, write RURAL and give	
NOITUTION	2812 Pinewo	ood Ave	e.	13	[ ]	township)	
			Yrs.				
			Davs	2812 Pinewoo	od Ave.		
M	6. COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED, ZED, DIVORCED (Specify) DOWER	Jan. 6		if Under 1 Year I Under 24 Hours Onths Days Hours Min.	
A. USUAL OC	CUPATION (Givekind of		OF BUSINESS OR		oreign country)	12. CITIZEN OF	
			INDUSTRY	Baltimore Mo	d.	WHAT COUNTRY?	
FATHER'S	AME			14. MOTHER'S MAIDEN N	IAME		
He	nry Lange			Elizebeth Wes	sterman		
mo or unknown)	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT		ADDRESS	
			None	Florence Lange	e 2812 Pin	ewood Ave.	
DISEASES RISE TO T UNDERLY	complication which complication which complitions, iii  B OR CONDITIONS, iii  HE ABOVE CAUSE (A)  ING CONDITION LA  III  IGNIFICANT CONDITION	eaused death.  SES  FANY, GIVIN STATING TH. ST.  TIONS CON	G (B)				
TO THE D	SEASE OR CONDITION	CAUSING IT	г				
19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
01. 100.0		I 21m DI A	CE OF INCHES (	- 1 210 WHERE DIR /	To Jan Dalland	YES NO	
LYING OF	CONTRIBUTING [	about home, fo	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?	II in Baltimore City,	give exact location)	
	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
		m.   W	WORK NOT WHILE				
22. I hereby certify that I attended the deceased from Hold 1951, to 726 3, 1951 that I last saw the deceased alive on \$1951. and that death occurred at 9 P. m., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED							
A. BURIAL, C	REMA- 248. DATE			RY OR CREMATORY 240. L	OCATION (City, town	n, or county) (State)	
	Feb. 8	3,51	Immanuel		Baltimore :	Md.	
TE RECEIVED CAL REGIST B 8 - 19	BY REGISTRAR	SSIGNATU	RE Laure, M. M.	Paul A. Heema	nn 6067 H	arford Rd.	
	NAME OF DIPPER OF PRINT)  PLACE OF DB Baltimore ( FULL NAME SPITAL OR STITUTION  Length of S  SEX  M  A. USUAL OCC done during most of NON FATHER'S N  WAS DECEASE NO OF UNKNOWN)  18. 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAME OF DECEASED The or Print)  August H.  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospit ispital or strict or in hospit ispital or strict or in hospit ispital or ispital o	NAME OF DECEASED  The or Print)  August H. Lange  PLACE OF DEATH: Baltimore City, Maryland  Baltin  FULL NAME OF (If not in hospital or institut  SET (If not in hospital or institut  If not no stay in Baltimore  Lin  SET (If not in hospital or institut  It not no stay in Baltimore  It no not institut  It not not institut  It not not stay in Baltimore  Lin  SET (If not in hospital or institut  It not in hospital or institut  It not no stay in Baltimore  Lin  SET (If not in hospital or institut  It not in hospital or institut  It not in hospital or institut  It not not not institut  It not not institut  It not in hospital or institut  It not not institut  It not in hospital or institut  It not in	NAME OF DECEASED  Prope or Print)  August H. Lange  PLACE OF DEATH: Baltimore City, Maryland  Baltimore Md.  FULL NAME OF (If not in hospital or institution, give street address or location)  SEITAL OF (If not in hospital or institution, give street address or location)  2812 Pinewood Ave.  Yrs.  Mos. Death  SEX  6. COLOR OR RACE  M WIDOWED, DIVORCED (Specify)  Widower  A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  None  FATHER'S NAME  Henry Lange  WAS DECEASED EVER IN U. S. ARMED FORCES?  Industry  OISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenis, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IFANY, GIVING  RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPER  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 19B. MAJOR FINDINGS OF OPER  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 19B. MAJOR FINDINGS OF OPER  21A. ACCIDENT WAS UNDER.  LYING (Month) (Day) (Year) (Hour)  21B. PLACE OF INJURY (e. g., instruction of the death of the deceased aling on the caused death of the deceased from Most of the control of the death of the deceased aling on the caused death of the	NAME OF DECEASED PYEOR PRINT OF STITUTION OF AUGUST H. Lange  PLACE OF DEATH. Baltimore City, Maryland Baltimore Md.  PLACE OF DEATH. Baltimore City, Maryland Baltimore Md.  STILL NAME OF (If not in hospital or institution, give street address or location)  STITUTION 2812 Pinewood Ave.  Length of stay in Baltimore Life Dash  Ength of stay in Baltimore Life Dash  SEX OCCLOR OR RACE 7. SINGLE. MARRIEO.  A. USUAL OCCUPATION (Givehind of Individual Composition C	NAME OF DECEASED PRO OF PICE AUGUST H. Lange    August H. Lange   Control	



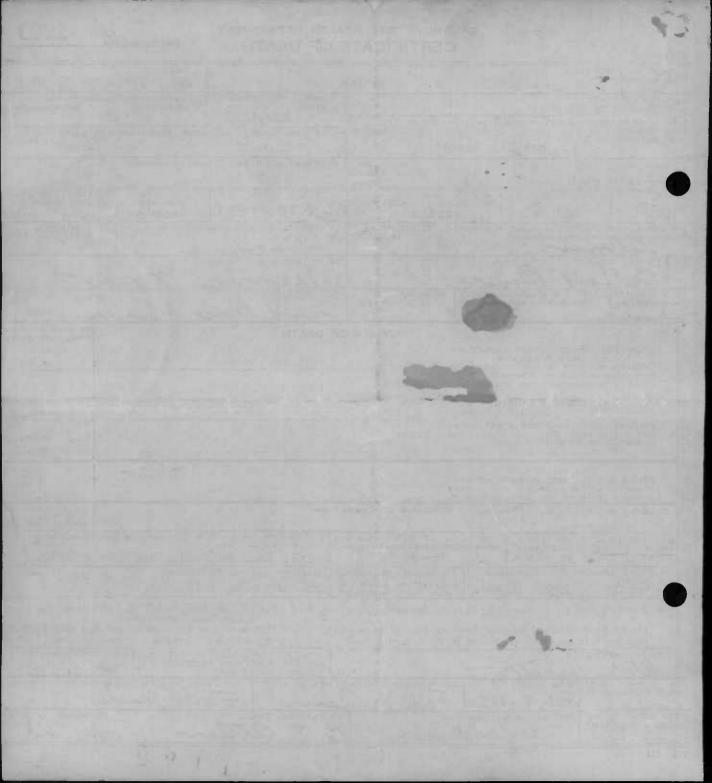
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	1310
1. NAME OF DECEASED (Type or Print)  LIEBERN A. BRAGG  DEATH Febru	ery 4, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or Baltim	before admission)
HOSPITAL OR INSTITUTION St. Joseph's Hospital location   C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
ength of stay in Baltimore  Yrs.  Mos. Days  D. STREET ADDRESS (If rural, give location)  Route No. 2	300
Male White Narried 8. Date of Birth 9. AGE (In years Mon Male Warried Specify) Salat 30 - 1906 45 43	ths Days Hours Min.
work done during most of working life, even if retired)  INDUSTRY	WHAT COUNTRY
Ballord Brage Ger. Georgia Mose	3/
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. SECURITY NO.	un End.
18. E 8 / 6 . 4 CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  Claud of Procedure	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES  Contusion and laceration of brain  DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING IN OR CONTRIB. 21B. PLACE OF INJURY (e.g., in or UNDERLYING IN OR CONTRIB. about home, farm, factory, street, office bldg., etc.) Street Belair Road near Big Gun Pow	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF INJURY  Tebruary 4, 1951 6:30P m. WHILE AT WORK AT WORK ALTO AND AUTO COllision	1.00
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry  Autopsy, Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], un	day stated above
M.D. ASSISTANT MEDICAL EXAMINER	b. 5, 1951
24a. BURIAL. CREMA 74B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or TION REMOVAL (Specify) 7 st, 8-1451 7 or M. Carr 7 or Walter	

DATE RECEIVED BY LOCAL REGISTRAN 1951

th, 8-1451 Forh

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ADDRESS

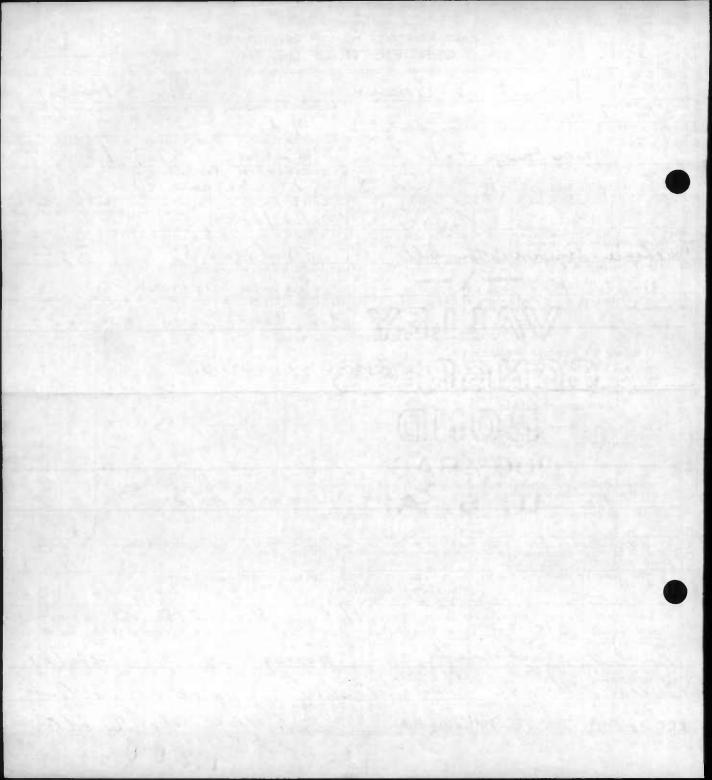


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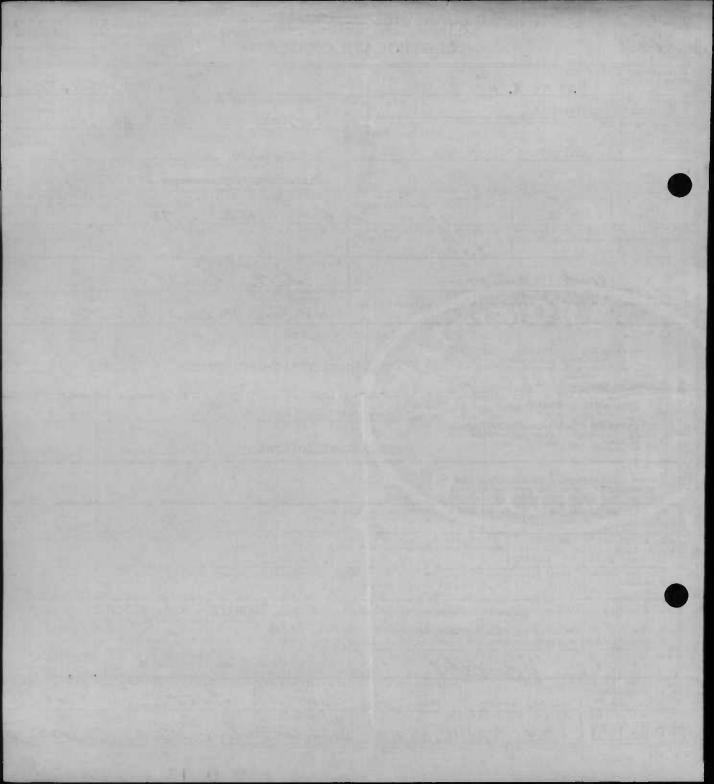
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1201

B	IRTH NO.	1			CERTIFICAT	E OF DEATH	Registered	1 NO
	NAME OF Di	ECEAS		rt J	. Brown		2. DATE OF DEATH 5	Feb. 51
	Baltimore C		Iaryland			4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution: residence before admission)
В.	FULL NAME	OF	(If not in hosp	oital or institut	ion, give street address o	\	72	
11	STITUTION	Mei	rcy Ho	spit		Balto.	11 outside corporate lin	nits, write RURAL and give township)
7	1				Yrs.	- 0 1	If rural, give location)	
-5	ength of st		Baltimore	EL 3 CINCL	J Z MX.		teau Rd.	
	M	u	ht	WIDOW	E, MARRIED, VED, DIVORCED (Specifi OLY MI & d	9/12/98	5-2.	H Under I Year Months Days Hours Min.
worl	A. USUAL OCC	CUPAT f working	ION (Give kind	of 10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Mehanes B. FATHER'S N	AME	expersorso	r autom	robell	14. MOTHER'S MAIDEN	nd	1 USA
	Dave	1	K.+		RECOM	Manie	Dreisch	
15	. WAS DECEASE	D EVER			16. SOCIAL	17. INFORMANT	President	ADDRESS
(10	s, an or unknawa)	(II ye	s, give war nr da	tes ni service)	SECURITY NO.	Mrs. Marie	Brown	same V
	(This does heart failui	not me	ING TO DE an the mode mia, etc. It m	I DIRECTLY ATH of dying, e. g cans the diseas caused death	3., (A) Br	of DEATH	nia	INTERVAL BETWEEN ONSET AND DEATH
		ANTEC	EDENT CAL	JSES				
N				IF ANY, GIVIN	(B)		. ********	
ATIC	RISE TO TH	IE ABO		STATING TH				
10					(C)			
CERTIFICATION	TRIBUTING	TO TH	E DEATH, BU	DITIONS CON T NOT RELATE ON CAUSING 1	Cerebr	ovascular,	Acident	
. 1	19A. DATE O	FOPE	RATION	19B. MAJOR	FINDINGS OF OPE			20. AUTOPSY?
EDICAL	21A. ACCIDI LYING OR	CONT	AS UNDER- RIBUTING		ACE OF INJURY (e. g., farm,factory,street,office bldg		(If in Baltimore City	, give exact location)
Σ	21D. TIME (		(Day) (Yea	r) (Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJUI	RY OCCUR?	
	YRULNI			m.	WHILE AT NOT WHIL AT WORK			
				ttended the	deceased from/	/25 930, 1951, to	2/5,18	I, that I last saw the
	deceased al		2/5	, 195 [	and that death occi	rred at Pm., from 23B. ADDRESS	the causes and on	
	Paul	)	Ru	hard	M. D.	marces / to	ys.	23c. DATE SIGNED
24 H(	A. BURIAL, C	REMA-	24B. DATE		24c. NAME OF CEMET	ERY OR CREMAZORY 240	LOCATION (City, tow	on, or county) (State)
1	Dureas		1/9/	51	new Cats	reduct the	deviel ted.	palto. no
L	ATE RECEIVED	RAR	REGISTRAI	R'S SIGNATU	JRE	25. FUNERAL DIRECTOR	1 . TOP (7	ADDRESS . O. A.
1		1511	handite of	WAY / YMULE	<b>《水以本,代》</b>	June 1419	surer, Ja	pesoelle, ma.
	VS 150		au.		550	8-3	. 000	83a
					. 0 !			



1202 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH February 7, 1951 LEGOURD 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Maryland Baltimore (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Catonsville D. STREET ADDRESS (If rural, give location) Yrs. Mos. demondson Avenue 219 PRESTON COURT ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years If Under I Year Ist Under 24 Hours Min. WIDOWED, DIVORCED (Specify) male white WIDOWER 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY! AUDITOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no og unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Coronary sclerosis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Myocardial infarct OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION NO X DICAL YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Exaccident [], suicide [], homicide [], undetermined [] 23A, SIGNATURE 23c. DATE SIGNED 238. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 246 NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-I 24B. DATE TION, REMOVAL (Specify) Bura ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REGISTRAR V S 151



1	1203_	70 (0.1)				EALTH DEPART		Reg	istered	51 :	1203
-		0-1309	16	CLIXIII	ICAI	L OI DEAI		V			
(7	NAME OF DECE		ADUTA	0	70.17			2. DATE	_		
3	PLACE OF DEAT		ARVIN	G.	DOVE			DEATH		nuary 23	
	Baltimore City,	Maryland				4. USUAL RESID	DENCE (W	here decease B. CO	d lived, I	lf institution : befo	residence ore admission)
	FULL NAME OF	(If not in hospit	al or institut	tion, give stree			yland	1	1. 1	VIA The	
	STITUTION	24 2 2	~ -		location)	C. CITT OR TOWN	•	outside corp	orate lim	its, write RU	RAL and give
	LW .	Maryland	General	Hospit	al	Balt	timore				township)
7	*				Yrs. Mos.	D. STREET ADDR	RESS (If	rural, give lo	cation)	7000	
	ength of stay				Days	1524	4 Clark	Avenu	е		
5.	SEX 6.C	OLOR OR RACE		E. MARRIED VED. DIVORC		8. DATE OF BIRT	ГН	9. AGE (Ir	years	If Under 1 Year	Hours: Min.
	Male	White	Sa	nola	LO (Oponiy)	6/22/	1950	last birt	nday) N	7	Hours Min.
10	A. USUAL OCCUP	ATION (Givekiedel	10B. KINE	OF BUSIN		11. BIRTHPLACE		reign countr	y) '	12. CITIZ	EN OF
WOI	dooe during most of work	ing life, even if retired)			INDUSTRY	U					COUNTRY
13	FATHER'S NAME					14. MOTHER'S MA	ALDEN NA	ME			
		N				K K	AIDEN NA	CIVI C			
15	WAS DECEASED FO	K				N.		1000			
(Ye	. WAS DECEASED EV	f yes, give war or date	FORCES?  s of service)	16. SOCIA SECUR	RITY NO.	17. INFORMANT				ADDRESS	1/
_		0				TAT					~
	18. 491	OR CONDITION	DIRECTIV		CAUSE	OF DEATH	N				AL BETWEEN
	LEA	mean the mode	TH		Bronch	nopneumonia					
	heart failure, as	sthenia, etc. It mea	ns the diseas	ie,	***************		****************	****************	•••••••••		***************************************
	injury or com	plication which o	aused death	.) DUE TO							
	ANT	ECEDENT CAUS	ES								
Z	DISEASES OR	CONDITIONS, I	F ANY CIVIS	(B)		***************************************		***************************************		••••••	***************************************
2	RISE TO THE A	BOVE CAUSE (A)	STATING TH	E DUE TO							
4	UNDERLYING	CONDITION LA	ST.	(C)	***************************************	······	*****************				
2											
ERTIFICATION	OTHER SIGNI	FICANT CONDI	TIONS CON	٧-							
2		THE DEATH, BUT									
Ö	19A. DATE OF OF			FINDINGS	OF OPER	ATION	••••••		*****	1 20 A	UTOPSY?
ارا		20			0. 0					YES	
CAL	21A. EXTERNAL	CAUSE WAS	218. PLA	CE OF INJU	IRY (e. g., ic	or   21c. WHERE D	DID (II	in Baltimo	re City.	give exact le	ocation)
EDI	UNDERLYING [] UTING [] CAUS	OR CONTRIB-	about home, fa	arm,factory,etree			JR?				
Σ	21D. TIME (Mont	h) (Day) (Year)		21E. INJURY		D 21F. HOW DIE	O INJURY	OCCUR?			
			m.	WORK WORK	NOT WHILE						
	22. I certify th	at I took char	gc of the	remains de	scribed a	bove, held an	Aut	opsy		thereon	and from
							Autonsy, In	nspection or	Inquiry		
	and death	in my oninion	said Auto	psy, Inspec	ction or I	nquiry, find that X, accident ,	said de	cased dic	d on $t$	he day sta	ited above,
	23A. SIGNATURE		resucced j	rom. nacar	ar canses	23B. CHIEF M				3c. DATE SI	
	1/1000	11/100	/_	- 63		ASSISTANT M	EDICAL E	XAMINER	170	Jan. 23	, 1951
24	A. BURIAL, CREMI	1. 24g. DATE	12	AC NAMEO		D. MEDICAL INV		PRESION (C			(State)
TTC	IL REMOVAL (Species	7 2/8/5	7	1	/ /	-2/10	240. 20	1		2110	(State)
-	Buriak	1 / 1 / 0	/		8/29CT	DEN C	1	owso	4	- ruca	A
LC	TE RECEIVED BY	REGISTRAR'S	SIGNATU	RE /	46	25. EUNERAL DIR	RECTOR		21 7	ADDRESS	+
TI	R8-1951	No making	Jon My	lianus, M	200	W- Cook.	Juc. 1	2175	T. 1a	reel &	1
V	S 151	· · · · · · · · · · · · · · · · · · ·			1			-/		1	
		Q+	4		in the second	· ·	. 6	6 0		107	V
							3	1 1			

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e war in

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1204

BIRTH NO.	
1. NAME OF DECEASED JOHN W. STROH	2. DATE OF 2 -6-51
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location	MD.
MERCY HOSPITAL.	township)
	BALTIMORE
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 4025 PENNINGTON AUE
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years   Il Under I Year   If Under 24 Hours
M WIDOWED, DIVORCED (Specify MARRIED	TEB. 12, 1907   43
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) IOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
SOLICITOR TRUCKING	BALTIMORE, MD.
13. FATHER S NAME	14. MOTHER'S MAIDEN NAME
FREDERICK G. STROH	CATHERINE MCKELDEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
SECORITY NO.	MRS MARGARET STROH 4025 PENNINGTON HIE
18. 420.2 CAUSE	OF DEATH
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	when PIX =
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	arania (VI) E
injury or complication which caused death.) OUE TO	Cardiae entargement
ANTECEDENT CAUSES	Engin al Anhidropal
Z (B)	La gertenante retinetes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
2	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?
	YES NO
21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e. g.,	
HOMICIDE (Specify) shout home, farm, factory, street, office hidg.	,etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
INJURY  m. WHILE AT NOT WHILE AT WORK  AT WORK	
22. I hereby certify that I attended the deceased from//	1-2-, 1949, to 11-21-, 1950, that I last saw the
	arred at 1 Pm., from the causes and on the date stated above.
	23B. ADDRESS 2 23c. DATE SIGNED
Toll aghelet M.D.	803 Caffedral of 2.7-51
24A. BURIM, CREMA- 2/B. DATE 24C. NAME OF CEMET	
BURIAL. 2/10/51 MEADOWRI	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
FFB 8-1951 Newton for Millians	JOHN F. DENNY, INC. 715 LIGHT ST -30
VS 150	

la. Waghelstein 803 Catheard 4th floor.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1205

8	RIH NO.						
	NAME OF D 'ype or Print)		LVATORE	V, LOMBA	RDI	2. DATE OF Feb.	7, 1951
	PLACE OF DE Baltimore C				I A STATE	NCE (Where deceased lived, If	institution: residence before admission
В.	FULL NAME		al or institutio	n, give street address or	Maryl	and	
	OSPITAL OR ISTITUTION	South Balti	imore Ger	neral Hospita	c. CITY OR TOWN	(If outside corporate limit	ts, write RURAL and give township
1	9			Yrs.	D. STREET ADDRES	SS (If rural, give location)	
	ength of s	tay in Baltimore		Mos. Days	106 4.	Montgomery St.	
	Male	6.COLOR OR RACE White	7. SINGLE, WIDOWE	MARRIED, D, DIVORCED (Specify)	MAY 30,190	Ingt hinth days) (Ma	Mader I Year If Under 24 Hours onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF
-		f working life, even if retired)		INDUSTRY	ITALY		WHAT COUNTRY
_	FATHER'S N	IAME			14. MOTHER'S MAIL	DEN NAME	
	HNGEL	O LOMBA,	RDI		MARY LO	MBARDI	
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT BAMBINA	OMBARDI 100	DDRESS EMBATGOMERY
	18.	12.4.		CALISE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY	CAUSE	OI BLAIR		ONSET ANO DEATH
		LEADING TO DEA	TH	. (a) Multin	le fractures s	and contusions	
	heart failu	re, asthenia, etc. It mes complication which	ans the disease.			rter diende Frederice - • Neut Freier des die die Rook Ansderdarks edus Angels die die January von 11 1 1 1 1 1	
		ANTECEDENT CAUS	SES				
-,				(B) Fractus	re of the sku	L]	
Ó	RISE TO T	OR CONDITIONS, I	STATING THE				
AT	UNDERLY	ING CONDITION LA	ST.	(C)			
임		П					
RTIFICATIO		IGNIFICANT CONDI					
B	TO THE OI	SEASE OR CONDITION	CAUSING IT.				
	19A. DATE O	F OPERATION 1	98, MAJOR F	FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL	21A. EXTERN	AL CAUSE WAS	21B. PLAC	E OF INJURY (e. g., i	o or 21c. WHERE DIE		YES NO X
	UNDERLYING	OF OR CONTRIB-		m.factory,street,officebldg.,		?	
ME	21D. TIME (	Month) (Day) (Year)		reet E. INJURY OCCURR	ED 21F. HOW DID I	St., 45' West of	10th St.
	Feb. 7	, 1951 abt. 2	2:30 m. WH	VORK NOT WHILE		struck by auto	2504
	22. I certif	y that I took char	ge of the re	emains described o	bove, held an Insp	pection & Ing.	_ thereon and from
	the evid	dence obtained by ath in my opinion	said Autops resulted fro	sy, Inspection or I	inquiry, find that s	topsy, Inspection or Inquiry aid deceased died on the wicide $\square$ , homicide $\square$ , u	e day stated above, ndetermined [].
	23A. SIGNAT		. Du		238. CHIEF MED ASSISTANT MED	CAL EXAMINER 23 DICAL EXAMINER X	c. DATE SIGNED
24 TIC	A. BURIAL. C		24	C. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (City, town,	
1	SURIAL	0/12/5	11 /	YOLY KED	EEMER.	DALTO, MO.	
	TE RECEIVED		SSIGNATURI	E	25. FUNERAL DIREC	CTOR	ADDRESS
F	EB 8-19	51 Puntasi	to Milia	anus, 165	JOHN F. DEN	INY, INC. 715 L	16HT ST. 1
V	S 151 /	. 6	1 -1 -2	100	/ 10	7	700
	N-	- 803. x	1	290	6.19	1	1000

MARRIED TAVESON TAVESON ANGELD LEWISON

MAY 30,1902 48
TTALY
MARY LOMERICO I

Parier

Von Edwy In 715 Kang St.

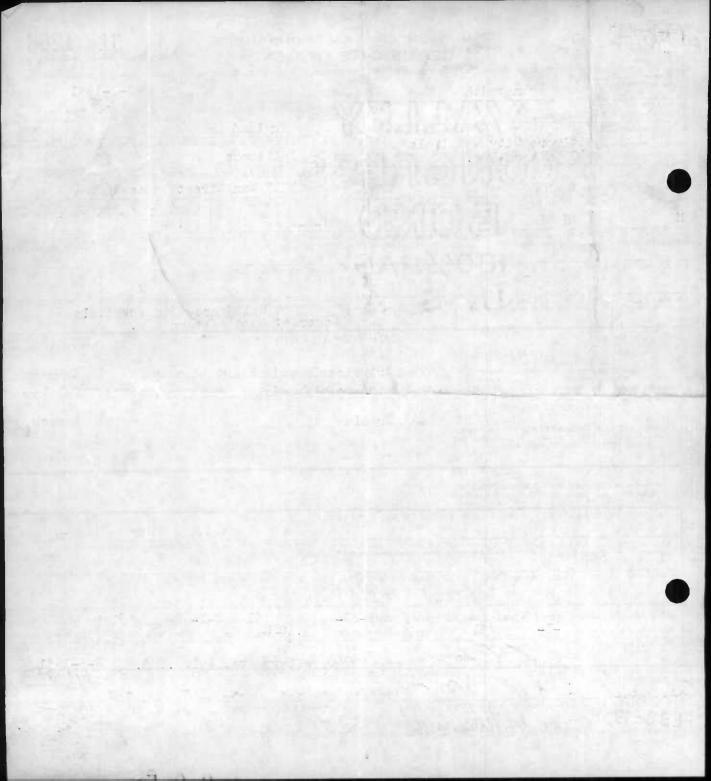
21/5/51 HOLY KEDELMER BOND HO

#### 5ab 3 Q 89 1206

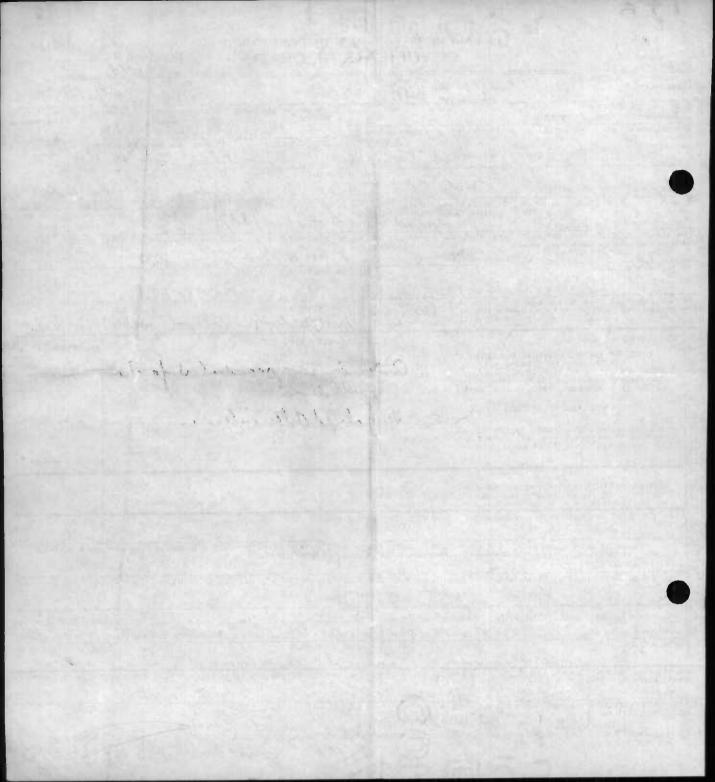
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1206

BIRTH NO.								
1. NAME OF (Type or Print		Smith			2. DATE OF DEATH	1-1951		
B. FULL NAM HOSPITAL OINSTITUTION	e City, Maryland  IE OF (If not in hospits  R Paltimone C:	ty Hos	ion, give street address or pitals location)		B. COUNTY	If institution: residence before admission) lits, write RURAL and give township)		
	f stay in Baltimore		Yrs. Mos. Days	o. street address (I 3317 Sun S	frural, give location) treet zone	26		
M S. SEX	6. COLOR OR RACE		E. MARRIED, /EO, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) N	If Under I Year If Under 24 Hours fonths Days Hours Min.		
work done during mo	OCCUPATION (Give kind of post of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S	?			14. MOTHER'S MAIDEN I	NAME			
15. WAS DECE (Yes, no or nokoow	ASED EVER IN U.S. ARMED (If yes, give wer or deter	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: 4940 E	ore City Hos	potata		
Z DISEAS RISE TO UNDER UNDER TRIBUTI	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Uremia  (B) Uremia  (C)  OTHER SIGNIFICANT CONDITIONS CON-							
. 19A. DATE	OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY7		
LYING CAUSE O 21D. TIME FINJUR  22. I here deceased	21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 1-29-  22. I hereby certify that I attended the deceased from 1-29-  deceased alive on 2-1-  , 19 51, and that death occurred at 3.10PM., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED							
DATE RECEIV	(Specify) 2/8/	31	Me Culr	940 Eastern Ave. RY OR CREMATORY 240. 25. FUNERAL DIRECTOR  J. J. Chown	Balto Md. LOCATION (City, town Palts Col. 108-W	January State)  January State  January St		



П	225		
		HEALTH DEPARTMENT 5	1. 1207
12	CERTIFICATION CE	TE OF DEATH Registered N	0
	I. NAME OF DECEASED Type or Print)  MRS. [   LL   1-15.   WATS O	2. DATE OF 7 -	7-195-1
3	B. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If i	nstitution: residence
E	FULL NAME OF (If not in hospital or institution, give street address of	or Maryland	before admission
	NSTITUTION ST. Aguls Hospital	C. CITY OR TOWN (It outside corporate limits)	write RURAL and give
	ength of stay in Baltimore About 48	1// 6 2/	Pral (29
	Female Lite Midowed - (Specific Market Female Willowed - Willowed -	8. DATE OF BIRTH  2 - // - /887  9. AGE (In years last birthday) Mon	nder I Year the Days Hours Min.
1 WO	OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	W SVA
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	MARY. BOSWELL	
(Y	(If yes, give war or dates of service)  SECURITY NO.	mr. Gertrade L. Kruz-(Longlite	oress damo
		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	in much de l'Ila T.	•
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	28000	2-5-5/
	ANTECEDENT CAUSES	1 1st s	
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	alyed almorluses	2-7-51
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
IFIC			
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
Ü	TO THE DISEASE OR CONDITION CAUSING IT.		
AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
IEDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give otc.) INJURY OCCUR?	e exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from	2-5 , 1951, to 2-7 , 195!	that I last saw the
		1431	
	deceased alive on 2-7 19 51, and that death occu	rred at 1 - m., from the causes and on the	date stated above.
	The state of the s	23B. ADDRESS	date stated above. 23c. DATE SIGNED
24 TI	23A. SIGNATURE  M. D.  AA. BURIAL, CREMA- 24B. DATE My _ 24C NAME OF CEMETE  DINGREMOVAL (Specify)  M. D.  24C NAME OF CEMETE	St. Fines Hosp ERY OR CREMATORY 24D. LOCATION (City, town, or	date stated above. 23c. DATE SIGNED 2-7-5/
DI	23A. SIGNATURE  A.B. BURIAL, CREMA- DIN, REMOVAL (Specify)  ATE RECEIVED BY  REGISTRAR'S SIGNATURE  DOLL REGISTRAR  REGISTRAR'S SIGNATURE	St. Fines Hop ERY OR CREMATORY 240. LOCATION (City, town, or Kein, Balto, Mg/	date stated above. 23c. DATE SIGNED 2-7-5/
DI	23A. SIGNATURE  AA. BURIAL, CREMA-24B. DATE My - 24C NAME OF CEMETE  Burial Specify, 9/95/ London Par	St. Fines Hop ERY OR CREMATORY 240. LOCATION (City, town, or Kein, Balto, Mg/	date stated above.  23c. DATE SIGNED  2-7-5/  county) (State)
DI	23A. SIGNATURE  A.B. BURIAL, CREMA- DIN, REMOVAL (Specify)  ATE RECEIVED BY  REGISTRAR'S SIGNATURE  DOLL REGISTRAR  REGISTRAR'S SIGNATURE	St. Fines Hop ERY OR CREMATORY 240. LOCATION (City, town, or Kein, Balto, Mg/	date stated above.  23c. DATE SIGNED  2-7-5/  county) (State)



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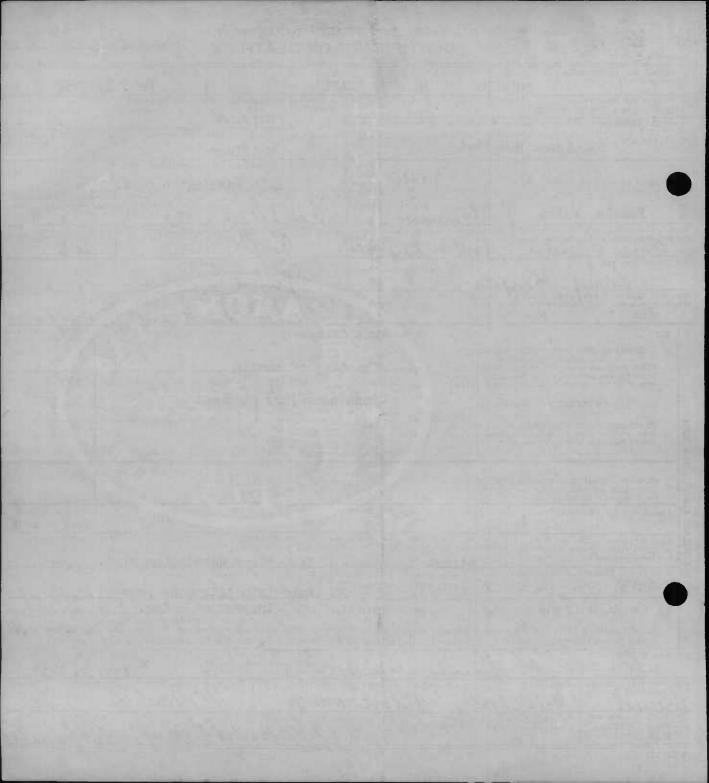
ALTIMORE	CITY	HEA	LTH	DEPARTMEN	T V
CERTI	FICA	TE	OF	DEATH	X

ВІ	RTH NO.			CERTIFIC	CAIL	OF DEA	IH	Registere	a 140	
	NAME OF D	DECEASED						2. DATE		
(T	ype or Print)	DOI	ORES	М.	DA	VIS		OF Feb	. 5. 7	951
	PLACE OF E						IDENCE (WI	nere deceased lived	i. If institut	
В.	FULL NAME OSPITAL OR		al or institution		dress or		aryland	Bal	Te	10.0
	STITUTION	St. Agnes Ho	snital					utside corporate l	imits, write	township
-	10	000 61100 110	op I out		Yrs.		altimore	ural, give location	Carlo Carlo	
		1		237400	Mos.	D. STREET ADI				4.64
3	ength of s	stay in Baltimore	7 611161 5	3090	Days	44	15 Washi	ngton Blv	d.	2010/01
5.	Fema		7. SINGLE	ED, DIVORCED	(Specify)	Folia 8	1/9/6	last birthday)	Months D	ear if Under 24 Hours ays Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10в. KIND			11. BIRTHPLAC	E (State or for	eign country)	1 12. CI	TIZEN OF
worl	done during most	of working life, even if retired)  Oplication	Mord	1/ 1	USTRY	<u> Wa</u>	alb		l w	HAT COUNTRY
13	. FATHER	NAME		PAPER CA	Arena	14. MOTHER'S	MAIDEN NA	ME		
	10	arry Holer	DLA			" Yu	lia			
15 (Ya	. WAS DECEAS	ED EVEL IN W. S. ARMED	FORCES?	16. SOCIAL	-	17. INFORMAN	T		ADDRAS	s
(10	, no or unknown)	NO	Of Ber vice)	SECURITY	NO.	46 work	al N)	in- 111.13	-91/ml	Lical ROLL
	18.	= 0 · l		C A	USE C	E DEATH	18/10	20 441)	LIN	TERVAL BETWEEN
		819.41		CA	USE C	F DEATH			ON	SET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEAT	ТН							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
8	injury or complication which caused death.) DUE TO									
	ANTECEDENT CAUSES Crushing injury of chest									
	(B)									
6	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
Ĕ	UNDERLYING CONDITION LAST.									
S				(C)		•••••••••••••••••••••••••		*************************		***************************************
ERTIFICATION		11								
F		GIGNIFICANT CONDI								
E		ISEASE OR CONDITION	CAUSING IT							
U	19A. DATE	F OPERATION 1	9B, MAJOR	FINDINGS OF	OPERA	TION			2	O. AUTOPSY?
7										ES NO X
EDICAL		NAL CAUSE WAS	about home, fa	CE OF INJURY rm, factory, street, off	(e.g., in dicabldg., etc	2 IC. WHERE		in Baltimore Cit	y, give exa	act location)
	UTING-	SAUSE OF DEATH.	Str			3400 block Washington Blvd			Jvd.	
Σ	2ID. TIME	(Month) (Day) (Year)		1E. INJURY OC	CURRE					
	eb. 5,	1951 8: 02		HILE AT NO	T WHILE	Anto i	nto tolo	ephone pol		
L.										
	22. I certi	fy that I took char	ge of the r	remains descr	rbed ab	ove, held an	Autoney In	spection or Inqui	ther	ceon and from
	the ev	idence obtained by	said Autor	osy, Inspectio	n or In	quiry, find th	at said dec	eased died on	the day	stated above,
	and de	eath in my opinion	resulted fr	om: natural	causes	, accident	🗼 suicide [	], homicide [	], undeter	$rmined \square$ .
	23A. SIGNA	TURE	1	0				AMINER	23c. DAT	E SIGNED
	Spe	mey /y.	Klui	lacke	M.E	MEDICAL IN	VESTIGATO	R	Feb. 6	
24 TIC	A. BURIAL.	CREMA- 246 DATE	2	4C. NAME OF C	EMETER	Y OR CREMATOR	RY 240. LO	CATION (City, to	wn, or coun	ity) (State)
	HIMAGO	Holrg.	1951	ome	Mori	endas	1 CH	sauce	be	and
	TE RECEIVE		SIGNATUE	RE LUA II W		5. FUNEBAL	RECTOR	0	ADDR	ESS
LG	CAL REGIST	RAR anutica	181 / 184	PANNE ILY		19. Ah	aldly	FIGURE 1	410.8	21 11
	- EP 0	221 6				01/100	o ou	vur !	TUNE	Markey 120

V S 151 N-804.2

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ADDRESS PS Bharles 18



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Stelon DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland 7, XO A. STATE (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore Dave If Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years last birthday) Months! Days Hours! Min. WHOOWED, DIVORCED (Specify 10A, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even (fretired) INDUSTRY WHAT COUNTRY vouse' 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. iones 2004 NTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT 1978 to 7 Feb, 1951, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 7 Feb. 19 51 and that death occurred at 5 30 a.m., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED

25. FUNERAL DIRECTOR

VS 150

24A. URIAL CREMA-TION KEMOVAL (Specify)

DATE RECEIVED BY

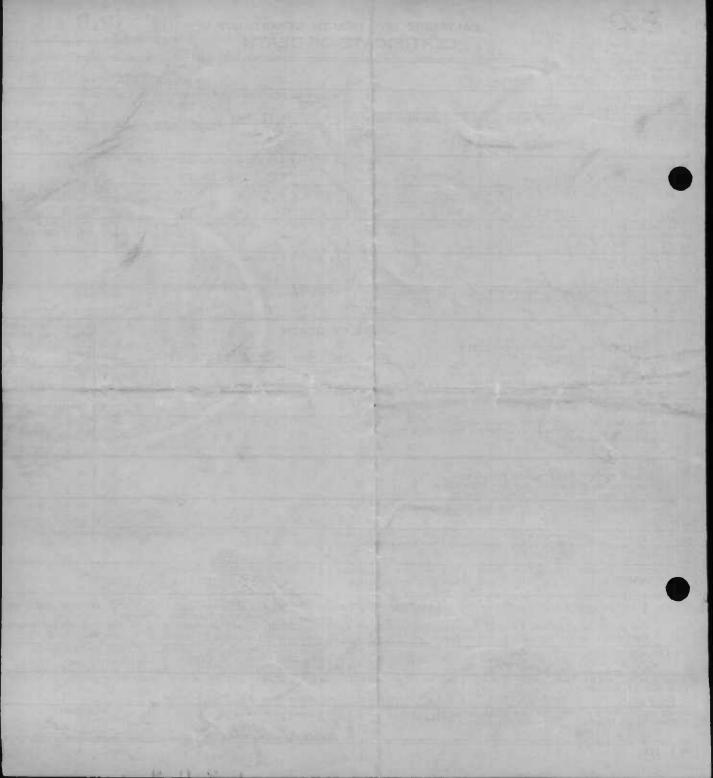
LOCAL REGISTRAR FFR8-1059 10-1

REGISTRAR'S SIGNATURE

ADDRESS

THURSDAY OF STUDIES OF STUDENTS AND the second plants have the second

6		4	1210	BAI	TIMORE CITY H			51 Register	121 ed No_	
	NAME OF D	ECEASE	ED .					2. DATE		
	ype or Print)			ERKLEY	MOOR	E		OF F	ebrua:	ry 5, 1951
	PLACE OF D		[anveloped			4. USUAL RESID	ENCE (Whe	ere deceased live		tution: residence before admission)
II	Baltimore (			al or institut	ion, give street address of	38	land	2. 000111		NOTOL C WASSINGTON
HO	STITUTION				location	C. CITY OR TOWN	(If ou	tside corporate	limits, wr	ite RURAL and give township)
24		Uni	versity 1	dospita			imore			oo whomp,
					Yrs. Mos.	D. STREET ADDR			. 6	9-01
	ength of s			14yrs	Days	11 - 2 - 2		or Stre		None I to the dea De Manne
	SEX		OR OR RACE	VIDOV	E, MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTI	H	last birthday	rs If Under ) Months	Days Hours Min.
	Male		lored	Sing]		3/8/1916 11. BIRTHPLACE(	State or fore	34	1 12	CITIZEN OF
			ION (Give kind of life, even if retired)	IOB, KINI	O OF BUSINESS OR INDUSTRY		State of fore	igh country)	12.	WHAT COUNTRY
12	Pipe Fi	a V V V V	rs Help	er-	l. Drydocks	N.C.	AIDEN NAM	· ·	1 1	I.S.A.
13							AIDEN NAM	I C		
15			Moore	- FORCECA	I 16. SOCIAL	Addie				
(Ye	s, no or unknown)	(If ye	s, give war or date	s of service)	SECURITY NO.	17. INFORMANT	3.5	(2) ~~~	ADDR	
N	0	1	No		1 240-01-077	O Allen G.	Moore	e(B)753	Geo:	
	18. 00	2 X			CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH For advenced pulmonary tuberculosis								sis	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								***************************************	
	injury or complication which caused death.) DUE TO									
	ANTECEDENT CAUSES							1300		
z	DISEASES OR CONDITIONS, IF ANY, GIVING									
12	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
A)	(C)								***************************************	
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-									1
	TRIBUTING	G TO TH	E DEATH, BUT	NOT RELAT	ED					
C	- Control of the Cont	1 - 2 - 3 - 3 - 3 - 3	OR CONDITION	Carlot of the Parket		RATION				20. AUTOPSY?
	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION									YES NO X
EDICAL	21A. EXTERI	NAL CA	USE WAS		ACE OF INJURY (e.g.,			in Baltimore C	city, give	exact location)
ā			OF DEATH.		farm, factory, street, office bldg.	,etc.) INJURY OCCU	JKI			
ME		(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURF	RED 21F. HOW DIE	O INJURY (	OCCUR?	H-	
	OF INJURY			m.	WHILE AT NOT WHILE					
	22. I certi	fu thai	t I took char	ae of the	remains described	above, held an In	spectio	on & Inqu	iry ti	hereon and from
					opsy, Inspection or		Autopsy, Ins	spection or inc	uiry	
	and de	eath in	my opinion	resulted	opsy, inspection or from: <u>natural cause</u>	$\mathbb{Z}$ , accident $\square$ ,	suicide [	], homicide	$\square$ , unde	termined .
	23A. SIGNA	TURE	100			238. CHIEF M ASSISTANT M			23c. D	ATE SIGNED
	Will	ins	UNOUT	//×		I.D. MEDICAL INV	ESTIGATOR	₹ □	Fet	
710	A. BURIAL.	CREMA-	24B. DATE		24c. NAME of CEMET	ERY OR CREMATORY	24D. LOC	CATION (City,	town, or c	ounty) (State)
	Burial		2/10/5	and and		emetery	Golds	boro, N	.C.	2000
	ATE RECEIVE DCAL REGIST		REGISTRAR	SSIGNATI	PRELICIAL MAN	25. EUNERAL DIE	RECTOR	•	AE	DRESS
	-FR8-	1951	13200	- A	91	L'ap Xlur	Per/5	12 N.Ca	rrol	lton Ave
V	S 151				0.70	211			1.	20
					7 .		0 63	0 0	1-	214



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: pesidence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give ursing Home INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX AGE (In years II Under 1 Year 8. DATE Months Days Hours Min. last birthday) Dury te 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY NONE 13/FATHER'S NAME 14. MOTHER'S MAIDEN NAME varnegie (Yes, no or unknown) (If yes, give wet or detes of service) 16. SOCIAL ADDRESS SECURITY NO. No JESS DEVERN INTERVAL BETWEEN CAUSE OF 18. DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) ebout bome, ferm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE Σ 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? - INJURY NOT WHILE! WHILE AT

WORK

22. I hereby certify that I attended the deceased from\_

1951, and that death occurred at 327 deccased alive on Ja 23A. SIENATO 23B. ADDRESS

. 19.5% that I last saw the Pm., from the causes and on the date stated above.

24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify

24c. NAME OF CEMETERY OF CREMATORY

24D. LOCATION (City, town, or county)

23C DATE SIGNED TUR

DATE RECEIVED BY

MOQUO

1946 to V

LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESSAO

VS 150

Dr Woody 1403 Jackan

1212 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH O 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence paltimore B. COUNTY A. Baltimore City, Maryland STATE before admission) Mar B. FULL NAME OF (If not in hospital or institution, give street address or location C. CITY OR TOWN (If outside corporate limits, write RURAL and give General Hospitas altimore. Yrs. D. STREET ADDRESS (If rural, give location) -adnor HUR Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under I Year | If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Widowed 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY lite Seller Foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 1172d LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

tensive Cardiovas

broncho pheumonia

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21c. WHERE DID

198, MAJOR FINDINGS OF PERATION 19A. DATE OF OPERATION

20. AUTOPSY YES (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in or 21c. WHERE DID ebout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

m. WORK

AT WORK

22. I hereby certify that, I attended the deceased from. deceased alive on

1901. to.

19.1. that I last saw the 19 51, and that death occurred at 1125 p.m., from the causes and on the date stated above. 23c. DATE SIGNED

23A, SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

FICATION

FR

ш

CAL

24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, Jown, or county)

Durial

Calhedras

10.

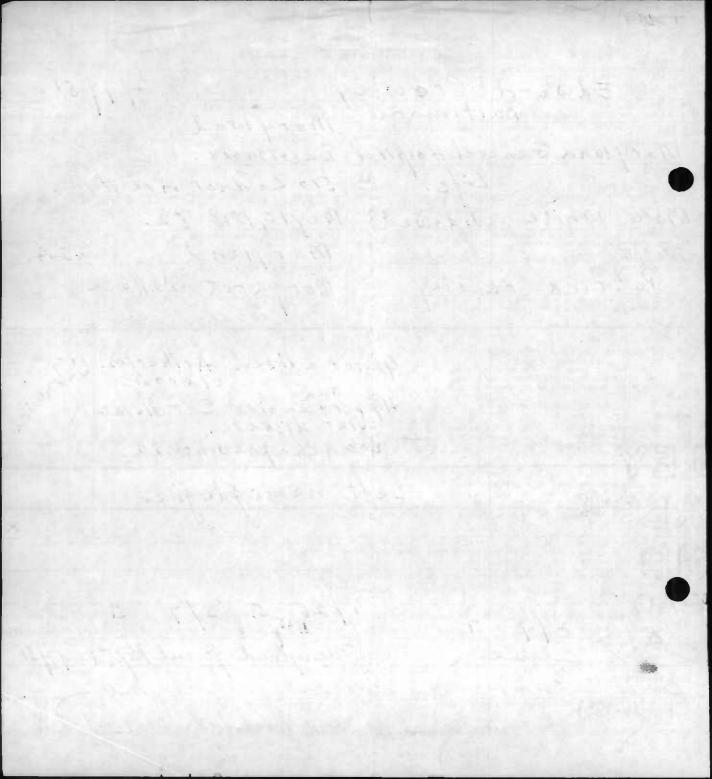
LOPAL RECEIVED 85

24B. DATE

25/FUNERAL DIRECTOR

ADDRESS

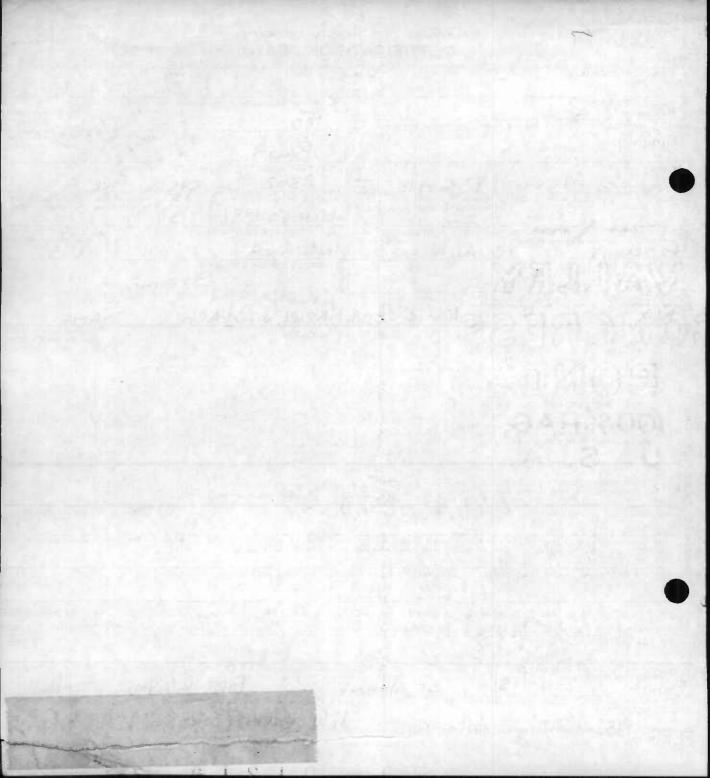
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# MAE BEACH BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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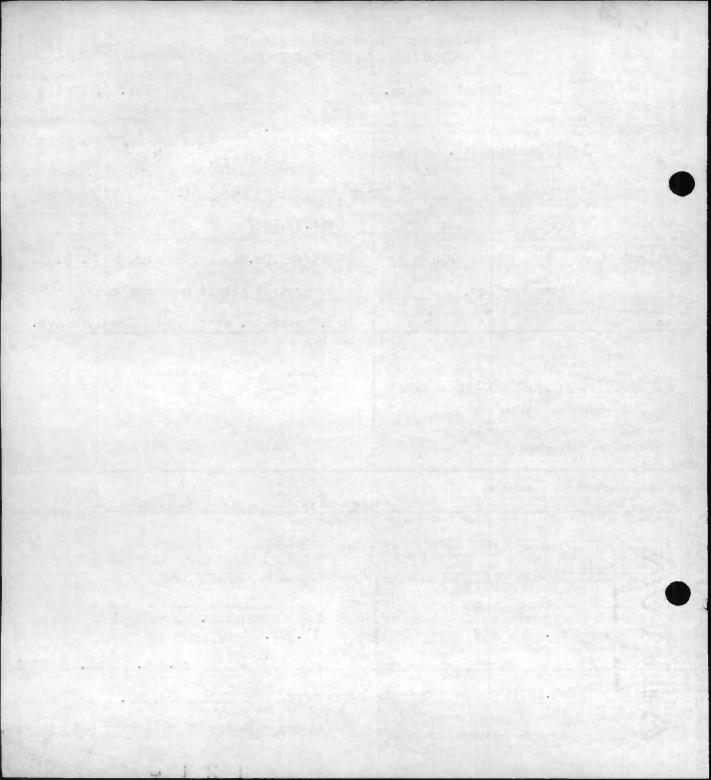
CERTIFICA	TE OF DEATH Registered No.						
BIRTH NO.							
1. NAME OF DECEASED Mrs . Swar Beach	2. DATE OF 2 - 7 - 5 /						
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residue).  B. COUNTY before a	idence dmission					
B. FULL NAME OF (If not in hospital or institution, give street address							
HOSPITAL OR locatio	C. CITT OR TOWN (II outside corporate maints, write in that						
39 and took.	BALTO	township					
Yrs Mos	D. STREET ADDRESS (If rural, give location)						
Length of stay in Baltimore 1 12.6 Mos Day							
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED DIVORCED (Speci	fy)   last hirthday   Months: Days Ho	nder 24 Hours					
married married	JUNE 29 1891 59						
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN						
HOUSEWIFE OWN HOME	WHAT CO	DUNIKI					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-					
GUSTAFSON MEYER	STROHM						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS						
(Yes, no or unknown) (If yes, give war or dates of service) 106-14-688							
Lie To / Lie Caller		BETWEEN					
100/	OF DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,							
injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	planels melitus						
OTHER SIGNIFICANT CONDITIONS CON-	4 5 - 4 0						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ly melamorphosis						
1 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OP	ERATION   20. AUT	OPSY?					
0	YES	NO [					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g		tion)					
LYING OR CONTRIBUTING   about home, farm, factory, street, office bld CAUSE OF DEATH	g.,etc.) INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUP	RED 21F. HOW DID INJURY OCCUR?						
F INJURY WHILE AT NOT WHI							
m.   work   AT WOR							
	2-6-51, 19_, to 2-7-51, 19_, that I last						
deceased alive on 2 -7-51, 19 and that death occ	23B. ADDRESS   23c. DATE						
S. W. S. R.	Unio does 2-8-	SIGNED					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEME	TERY OR CREMATORY   24D. LOCATION (City, town, or county)	(State)					
TION, REMOVAL (Specify)	to live li	10					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	30:					
LOCAL REGISTRAR		0					
- 0 1957 Vintre des Pollique te	H.W. JENKINS & SONS Co. 4905 VOR	KKD					
FEBVS 150	the owner of	- Company of the Land of the L					
	Note that the same of the same	-					



# BALTIMORE CITY HEALTH DEPARTMENT

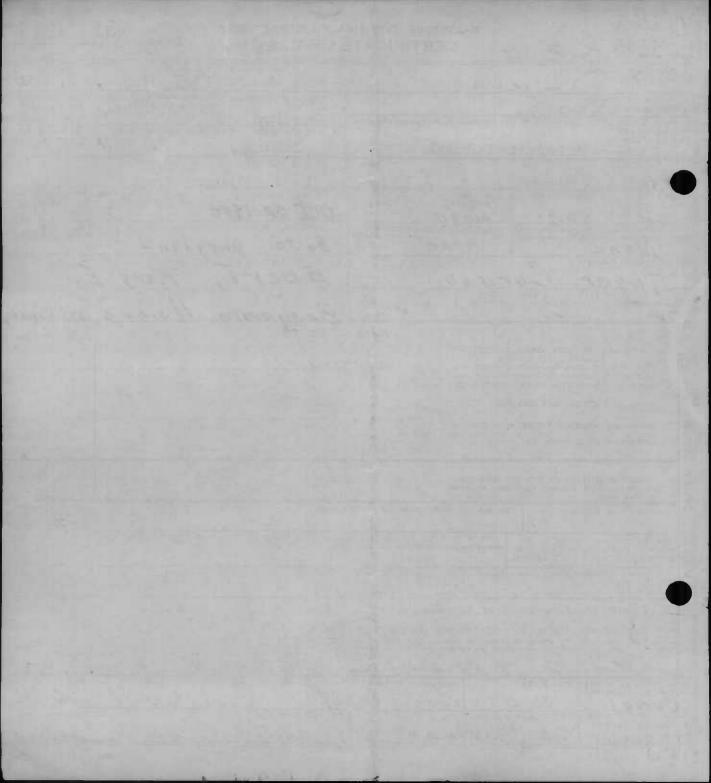
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1.6.	J.G.L.	*		CERTIFICATI	E OF DEATI	H	Registered N	0	
=	IRTH NO.	TOTACED.							
(7	NAME OF C Type or Print)	DECEASED	Michael	Hession.		2	OF Feb.	6, 195	51
Α.		City, Maryland			4. USUAL RESIDE	ENCE (Wher	e deceased lived. If i		: residence ore admission)
H	FULL NAME OSPITAL OR ISTITUTION	2806 Rosel		ion, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
_	<u> </u>	2000 110002		64 Yrs.	Baltimore, township) D. STREET ADDRESS (If rural, give location)				
	ength of s	stay in Baltimore		XXMOXX					
5	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min.				
10	male	White CCUPATION (Givekind of	Widow 108. KIND	OF BUSINESS OR	Sept.12,186		en country)	12 CITI7	EN OF
wor	Retired	of working life, even if retired) Clerk	Rail F	INDUSTRY					
13	3. FATHER'S				14. MOTHER'S MA	IDEN NAME			ATUR
1 5	WAS DECEAS	William He			Margaret	(last	name unkno	wn)	
(Ye	s, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date)	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	W W LA		DDRESS	A
_	no				Mrs.Margaretl	M. Mett	ee,2000 Ros		AVE.
	(This does heart failt	SE OR CONDITION LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mea complication which c	H f dying, e. g ns the diseas	(A) Care	of DEATH	Sto	mash	ONSET	and death
	ANTECEDENT CAUSES								
NO	DISEASES OR CONDITIONS, IF ANY, GIVING							*******************	
RTIFICATION		THE ABOVE CAUSE (A) YING CONDITION LA		(C)					
FI		П							
CERT	TRIBUTING	SIGNIFICANT CONDI-	NOT RELATE	arterio	ecleratic	. C-V	dise ase	193	
				FINDINGS OF OPER			The second second second second		AUTOPSY?
IEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e			Baltimore City, g		
Σ	21D. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		INJURY O	CCUR?		
			m.	WORK AT WORK			/		
6				deceased from Monand that death occur					ast saw the
	23A SIENA	TURE 1. SP			38. ADDRESS			23c. DA	TE SIGNED
	4A. BURIAL,		en !	4c. NAME of CEMETE		24D. LOCA	3rd. St.	Feb.	6, 1951 (State)
	on, REMOVAL (S	Feb.10,1	951	Cathedral	Cemetery,	Balt	imore. Md.		
	ATE RECEIVE		SEIBNAT	REW, AL	25. FUNERAL DIRE	ECTOR		ADDRES:	5
	FB 8-1 Vs 150	951			in fermon of	Mond	n. 4611 Par	K Help	ints Ave.
	VS 150						1 17	46	13
				p.sub	B D A		U		The state of

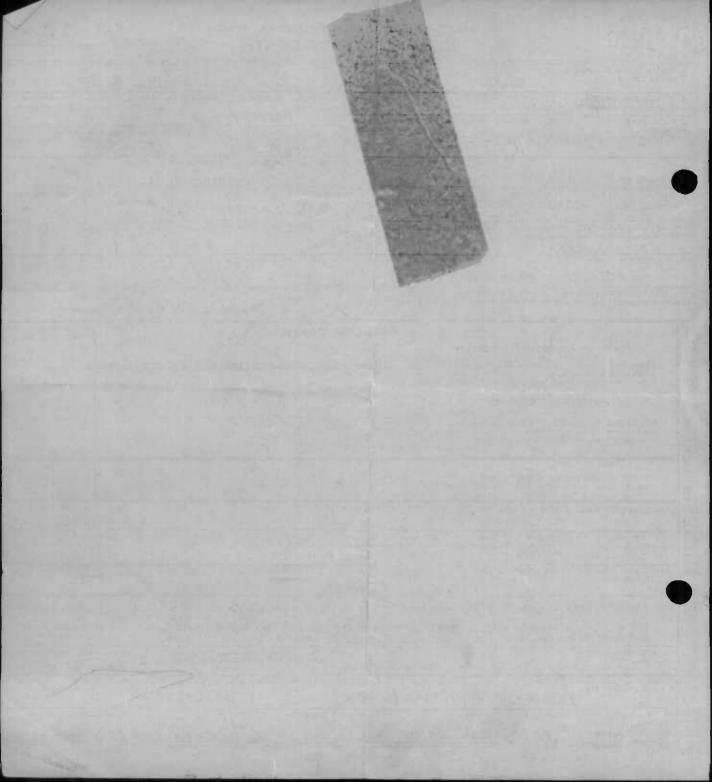


620 BALTIMORE CITY HE		Registered No.	1215
BIRTH NO. 1 50-22693 CERTIFICATE	OF DEATH	2008.5502.04 210.	
1. NAME OF DECEASED (Type or Print) ROBERT W. CARUSO		2. DATE OF Februar	ry 7, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	ere deceased lived. If insti B. COUNTY	itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		utside corporate limits, wr	rite WURAL and give township)
University Hospital	Baltimore	4-0	o withing.
Length of stay in Baltimore Yrs.  Mos. Days		re Street	
male White Single, MARRIED.  WIDOWED, DIVORCED (Specify)	OCE 20-1950	9. AGE (In years lf Under last birthday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AE	
Roger Caruso	Eberl,	Mary L	E. /
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unwhow) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	Haine	RESS
18. Halx CAUSE	OF DEATH	rigines,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	OF DEATH		ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Bronch	nopneumonia		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	***************************************	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)			
(c)			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
Z1A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in	The second secon	to D tel.	YES X NO
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		in Baltimore City, give	exact location)
2 1D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
22. I certify that I took charge of the remains described a	bove, held an	autopsy ti	hereon and from
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, In nquiry, find that said dec	spection or Inquiry eased died on the d	lay stated above,
23A. SIGNATURE	23B, CHIEF MEDICAL E)	KAMINER   23c. D	DATE SIGNED
Manley 18. Durbocher	ASSISTANT MEDICAL EX	R I Feb	
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	AT OR CHEMATORY ZATE LOC	CATION (City, town, or c	Balt ML
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AL AL	DDRESS

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL REGIS



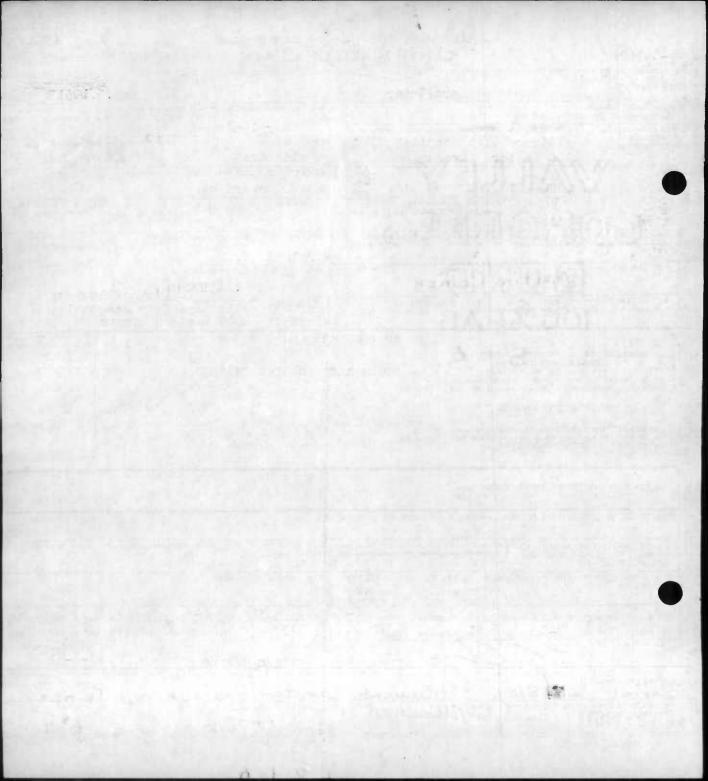
5 4215 BIRTH NO.		EALTH DEPARTMENT	51. Registered No.	1216
1. NAME OF DECEASED (Type or Print)	2N ENG	LE ENGLE	2. DATE OF Teb. 8, 1	951
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF Control of the following of the control of the c	Y.	4. USUAL RESIDENCE (What A. STATE Maryland		
HOSPITAL OR INSTITUTION Johns Hopkins Hos	location)		utside corporate limits, was	te RURAL and giv township
	Yrs. Mos.	D. STREET ADDRESS (if ru		
ength of stay in Baltimore  5. SEX [6. COLOR DR RACE] 7. SING	Days LE. MARRIED,	224 S. Washin	gton St.  9. AGE (In years) If Under	l Year   If Under 24 Hous
Female   White   WIDE	OWED, DIVORCED (Specify)	Mar. 26-1905	last birthday) Months	
10a. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHRLACE (State or fore		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Zamini	ekî	Josephine Poffe	Toops	ch
(Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mary Sotaski s	248. Vishi	ess on It.
DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de	e.g., (A)Hyper	of DEATH tensiveCardiovasc		NTERVAL BETWEE
ANTECEDENT CAUSES			T. T. Balling	
DISEASES OR CONDITIONS, IF ANY, GI	(B)	***************************************		***************************************
UNDERLYING CONDITION LAST.	(C)			•••••••••••••••••••••••••••••••••••••••
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING	TED			
1	R FINDINGS OF OPER	ATION		20. AUTOPSY?
	LACE OF INJURY (e. g., i. e. farm, factory, street, office bldg.,	n or 21C. WHERE DID (II total) INJURY OCCUR?	in Baltimore City, give e	
E 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJURY (	OCCUR?	
22. I certify that I took charge of th	e remains described a	bove, held an Insp. &	Inq. th	ereon and from
the evidence obtained by said Avand death in my opinion resulted	topsy, Inspection or I from: natural causes	nguiry, find that said dece	], homicide [], undet	ermined [].
Stanley N. De		238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATOR	AMINER T'eb.	and the same of th
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Buring July, 10-1951	Holy Rosar		TATION (City, town, or co	unty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	TURE	25. FUNERAL DIRECTOR	alei 2017 For	PRESS
VS 151	- white I fee	THE PARTY NEW YORK	92	8 1/



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1217 Registered No.

_							
	NAME OF D 'ype or Print)	ECEASED	Gilb	ert Comer		2. DATE OF Fe	b.5,1951
Α.		City, Maryland			4. USUAL RESIDENCE	(Where dcceased lived. I	If institution: residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Maryland		
	SPITAL OR	Baltimore	City	Hospitals location)	C. CITY OR TOWN	(If outside corrocate lim	write RURAL and give
- 0	21	4940 East			Baltimore	11 -1	township)
T)				Yrs.	D. STREET ADDRESS	(If rural give location)	
4	ngth of s	tay in Baltimore	17515	Life Mos.	529 N. Howard		
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	Male	White		/ED, DIVORCED (Specify)	?	last birthday) N	lonths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State of		1 10 01717711
worl	does during most o	of working life, even if retired)	105.11112	INDUSTRY	TI. BIKTIFEACE (State of	I Toreign country)	12. CITIZEN OF WHAT COUNTRY:
			- 4		Maryland		
13	. FATHER'S	NAME AL.	0	4	14. MOTHER'S MAIDEN	NAME	
		Marti	r Co	MER	P	Occil /	2
1.5	WAS DECEASE	D EVER IN U. S. ARMED				CECILIA (	597707
(Yes	, oo or unknown)	(If yes, give war or dates	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Bal	timore City He	0207F31s
-					Records: 494	O Eastern Ave	nue
	OISEAS (This does	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea	TH f dving, e. s	Pulmon	OF DEATH ary Tuberculosi	s.	interval between onset and death 1 Year or more
CERTIFICATION	DISEASES	complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA	ES ANY, GIVIN	(B)			
		11					
ERT	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT INSERT OF CONDITION	NOT RELATE	D			
. [				FINDINGS OF OPER	ATION		1.00
71			ob, mason	THOMOS OF OFER	A11014		20. AUTOPSY?
O			1 010 510		13		YES NO X
MEDICAL	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home, f	CE OF INJURY (e. g., ic arm, factory, street, office bldg., e	21C. WHERE DID (No.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
-	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJU	RY OCCUR?	
	INJURY		,	WHILE AT   NOT WHILE			
			m.	WORK LAT WORK			
	22. I hereby	y certify that I att	ended the	deceased from 2-	5 1951 to	2-5 19	51, that I last saw the
	deceased al		10 51	and that death seem	red at 3:38pm., from	the sauces and an	the detector of the
	23A. SIGNAT		, 10		3B. ADDRESS	i ine causes ana on	
	23A. 31014A1	J. S.	Clo	and and the	940 Eastern Ave	nue	23c. DATE SIGNED 2-8-51
24	A. BURIAL, C	REMA- 248. DATE	Y	4c. NAME OF CEMETE	RY OR CREMATORY   240	LOCATION (City, town	
TIC	Burial 20 8/51 St. Edwards Cametery Shamakin Peace						
DA	DATE RECEIVED BY REGISTRAR'S SIGNATURE! 1.25. FUNERAL DIRECTOR ADDRESS						
F	EB BEIST	951 MALARIE	War. I	IVA GUARA JAKAS	Wm. g.Ti	chreet long	Baltom !
	VS 150				0		



11 6	510					
) 4-3 B	121	3	CERTIFICATE		Registered	1. 1218
(	. NAME OF D Type or Print)	SYDI	NEY DEMBO		2. DATE. OF Pebi	ruary 7,1951
A	. PLACE OF D Baltimore (	City, Maryland	cal or institution, give street address or	4. USUAL RESIDENCE (WA. STATE Maryland		
	OSPITAL OR NSTITUTION	Mercy Hospita	location)		outside corporate limi	ts, write RURAL and give
C	Length of s	stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (If 6307 Pearce Av		
I	sex mele	6. COLOR OR RACE	7. SINGLE, MARRIED.	B. DATE OF BIRTH  Jan. 22,1895	9. AGE (In years last birthday) Mo	M Under I Year M Under 24 Hours onths Days Hours Min.
1( wor	Propriet	CUPATION (Give kind of of working life, even if retired) OT	Clothing INDUSTRY	Baltimore, Maryl		12. CITIZEN OF
13. FATHER'S NAME Daniel Dembo Fannie ??						
(Ye	5. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Yetta Dembo- 630	7 Pearce Ave	DDRESS enue
	OISEAS (This does heart failu	SE OR CONDITION LEADING TO DEA's not mean the mode or, as the fire, as the complication which complication w	DIRECTLY TH of dying, e. g., ns the disease.	onary thron	uboris	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES					34820	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
DICAL			98. MAJOR FINDINGS OF OPERA			20. AUTOPSY?
MEDI	LYING OF		21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	I or 21c. WHERE DID (I INJURY OCCUR?	f in Baltimore City,	give exact location)
	INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from DEC. deceased alive on fan 19.19 and that death occurred at 1 +3. 23A. SHONATURE

P.m., form the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

1950 to\_

24A. BURIAL, CREMA-TION, BEMOVAL (Specify) BURIAL 24B. DATE 2/9/51

2.C. NAME OF CEMETERY OR CREMATORY

240. LOCATION (City, town, or county)

Anshei Emunah Cong.

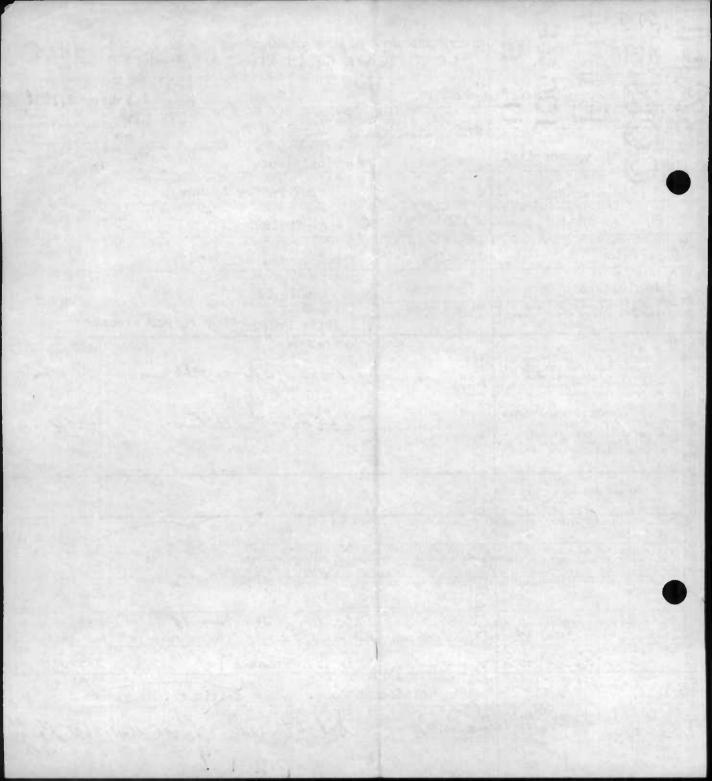
Baltimore, Maryland ADDRESS

DATE RECEIVED BY L REGISTRAR'S SIGNATURE

250 FUNERAL DIRECTOR

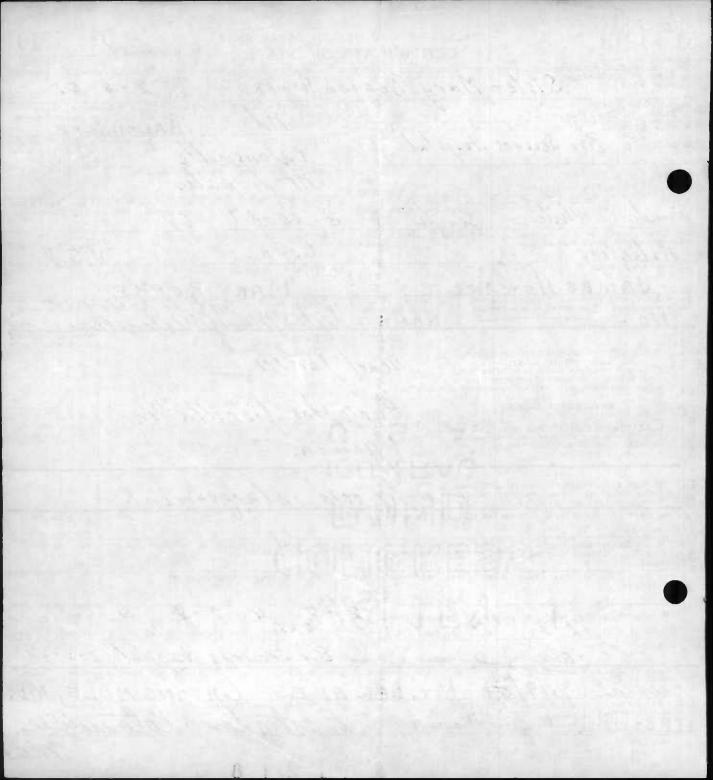
VS 150

, 1957, that I last saw the



120	
51 1910 BALTIMORE CITY HE	CALTH DEPARTMENT V 51 1219
BIRTH NO. CERTIFICATE	E OF DEATH Registered No.
1 NAME OF DECEMBED	2. DATE
	na HOWARD OF Z-8-5/
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	110. BALTIMORE
INSTITUTION DON SECONDS HOSGITAL	C. CITY OR TOWN (If outside perperate limits, write RURAL and give township)
ength of stay in Baltimore  Yrs.  Mos.  Days	D. STREET CODRESS (In rural sive location) 5300
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year of Under 24 Hours of Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dosepturing most of work dosepturing most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
1 LUNIOUS	Conn. 1/5. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES HOWARD	MARY RORKE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	17 INFORMANT Mt. de factores alores
18. W 3.2 / CAUSE C	DE DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	failure.
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	cular fibrillation
DISEASES OR CONDITIONS, IF ANY, GIVING	Colar giprilla ion
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c) (c)	uu a. —
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	old enlargeament.
. 19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPERA	
No.	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	2 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE ME AT WORK	
22. I hereby certify that I attended the deceased from 2	-7, 1951, to 2 -8, 1951, that I last saw the
	red at 2.45am., from the causes and on the date stated above.
/ KARR D	But Secares Hispital 2-3-3
24A. BURIAL CREMA: 24B. DATE 24C. NAME OF CEMETER	
Busial 2/9/51 MT. DF S	ALES CATANSVILLE, MA.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
FEB 8-1951 Lutter for Miliams, 12.	Easton some Calousville.
VS 150	1 and
0788W	63a ma.

10788W



#### BALTIMORE CITY HEALTH DEPARTMENT

51 - 1220CERTIFICATE OF DEATH Registered No-BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) SHOW MAN OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate fimits, write: RURAL and give C. CITY OR TOWN INSTITUTION township) UNION HOSPITAL ALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore SEGUOIA Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH 9. AGE (In years | ff Under | Year | ff Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) MARRIED 1877 IOA. USUAL OCCUPATION (Give kind of | IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAMILTON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, nn nr nnknown) (If yee, give war or dates of service) SECURITY NO. ATIENT 18. INTERVAL RETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH GENERALIZED (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES (B) ENDOTHELIAL COLL SARCONA RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... 111 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED over TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION A 19B MAJOR FINDINGS OF OPERATION 20. AUTOPS DICA GENERALIZED CARCINGMATOSIS ABDOMINAL 218. PLACE OF INJURY (e.g., in nr | 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 2 IF. INJURY OCCURRED INJURY NOT WHILE! 1951, to 7 FEB , 1951 that I last saw the 22. I hereby certify that I attended the deceased from 6 deceased alive on ) F & B . 19 51. and that death occurred at 2:55 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED cornett 2-2-5 24A, BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) rederick dunal und DATE RECEIVED BY REGISTRAR'S SIGNATURE NERAL DIRECTOR DORESS

Has voice an und store in deceased classes histon and the probable proming sile is a site of of the malagnamy! IM. TO WAY WAY ON THE TEST "Primary site not known" soften a partie A STREET Jev. A. TENER WIFE 12816 ... 4162345 1 50 70 50 70 CAPIENT. of account of the market of Carried Color Dance 14 Nov. 1952 Total State of the 15 14 20 g

ND- 1111222

## BALTIMORE CITY HEALTH DEPARTMENT

51 1221

8	BTH NO	21		CERTIFICATI	E OF DEATH	Registered No	
1	NAME OF D	ECEASED				2. DATE	
Ľ			John	Duvall		DEATH Feb.6,	1951
3 A	. PLACE OF D. Baltimore (	City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If ins	stitution: residence
В	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or		B. COON11	before admission)
H	OSPITAL OR			Hospitals location)	C. CITY OR TOWN (If	outside corporate limits,	write URAL and give
1	17:00	4940 East	ern A	venue	Baltimore	66	township)
1				Yrs.	D. STREET ADDRESS (If		
1		tay in Baltimore		ife Mos.	3532 0'Donnell	St. (24)	
5	. SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   H Un	der 1 Year   If Under 24 Hours
	Male	White	Separ	rated	Feb.28,1898	52	hs Days Hours Min.
WOR	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108 KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)   12	2. CITIZEN OF
	- dono during most	UN KNO	WW	INDUSTRY	Maryland		WHAT COUNTRY
13	3. FATHER'S	AME			14. MOTHER'S MAIDEN NA	AME	
	John				Sallie Doughe		
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL			
(10	m, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Balti	more City Hôsp Eastern Avenue	ressitals
-	18. 1/1/	2.4		CALICE	Records: 4940	Eastern Avenue	
	77	E OR CONDITION	DIDECTIV	CAUSE	OF DEATH		INTERVAL BETWEEN
		LEADING TO DEAT	TH	Uremia			11 on 53
	heart failure, asthenia, etc. It means the disease.						4 or 5days
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						2
O	DISEASES OR CONDITIONS, IF ANY, GIVING  (B) Hypertension						yrs.?
Ě	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
CA		THE CONTENTION EX		(C)		***************************************	
F		11					
CERTIFICATION		IGNIFICANT CONDI					
CE	TO THE DI	TO THE DEATH, BUT SEASE OR CONDITION	CAUSING I	Patient is	a post operative	Smithwick	
	19A. DATE O	F OPERATION 1	_	FINDINGS OF OPER	ATION		20. AUTOPSY?
Y	1-9-1951		Smithw				YES NO K
MEDICAL	21A. ACCID LYING OF CAUSE OF I	ENT WAS UNDER- R CONTRIBUTING	21B. PLA about home, f	ACE OF INJURY (e. g., in erm, factory, street, office bldg., e	to.) 21C. WHERE DID (I	f in Baltimore City, give	e exact location)
2	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	MOORT		m.	WORK NOT WHILE			
	22 I hamaha	u agentifu that I - 44			11 10 51/1	2 6 10 77	
deceased alive on 2-6, 19 51 and that death occurred at 12:20 promothe eauses and on the date stated ab						that I last saw the	
	23A. SIGNAT		-, 13		3B. ADDRESS		date stated above. 23c. DATE SIGNED
		P.S.	Ch	300 M.D. 1	1940 Eastern Avenu		2-6-51
	24A. BURIAL. CREMA- TION, REMOVAL (Specify) (State)						
D	ATE RECEIVED	BY REGISTRAR'S	S SIGNATU	KE	25 EV NERAL DIRECTOR	A	DDRESS
E	ER REGISTI	51 Charter	to Mul	inche ME	1/ 1.41)	D. 1912111	2-11
#	VS 150				Jud 11 10	w, 1110 W. 10	-
	10 100			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			~//

yrs.?

earner .	240
51	1222

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1222

BIRTH NO.		021(171 10)(11	e o. be/titi		
I. NAME OF E				2. DATE	
(Type or Print)	Matteo C	iociolo		DEATH Feb. 6	1951
3. PLACE OF D	City, Maryland 31	31 Eastern Ave	4. USUAL RESIDENCE (W	There deceased lived, If install B. COUNTY	titution : residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institution, give street address or location)	c, CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give township)
10.0		Yrs.	Baltimore D. STREET ADDRESS (If		
c. Length of s	stay in Baltimore	40 yn Mos. Days	3131 Eastern A		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years If Unde	er 1 Year   If Under 24 Hours
Female	Whithe	WIDOWED, DIVORCED (Specify)  Married	MAY 24 1868	last birthday) Month	
ork done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)   12	. CITIZEN OF WHAT COUNTRY?
Self Emp		Restaurant Owner	Foggia Ita	alv	
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NA	AME	
Frances	sco Ciociola		Giacomina Tann	ioli	
15. WAS DECEAS	ED EVER IN U.S. ARMEE	FORCES?   16. SOCIAL	I7. INFORMANT		RESS
res, no or unknown)	(11 yes, give war or dates	s of service) SECURITY NO.	Frank Ciociola		
18. / 9	14		OF DEATH	3131 Eastern	INTERVAL BETWEEN
(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	of dying, e.g., (A)	en of mek-		1 Sin
TRIBUTIN	SIGNIFICANT CONDI	NOT RELATED			
	OF OPERATION 0 1	9B. MAJOR FINDINGS OF OPER	ATION /		20, AUTOPSY?
4	7-7-50	Caner 7	muk_		YES NO L
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, officebldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
INJURY		m. WHILE AT NOT WHILE			
22. I hereb	by certify that I att	ended the deceased from 10	-18 ,1949, to	2-4 , 195/, t	hat I last saw the
		, 195/, and that death occur		he causes and on the	
23a, SIGNA		1   2	7.15 h.	church of "	2. F.
24A. BURIAL. TION, REMOVAL (S	CREMA- 24B. DATE Specify)	24C. NAME OF CEMETE		OCATION (City, town, or	
Burial	Leb. 9 1		Cemetery 4430	Belair Rd. Bal	.t.Md.
DATE RECEIVE	951 REGISTRAR	SIGNATURE	2 FUNER O DIRECTOR	lose 322 S. Hig	b St.
	Ale				

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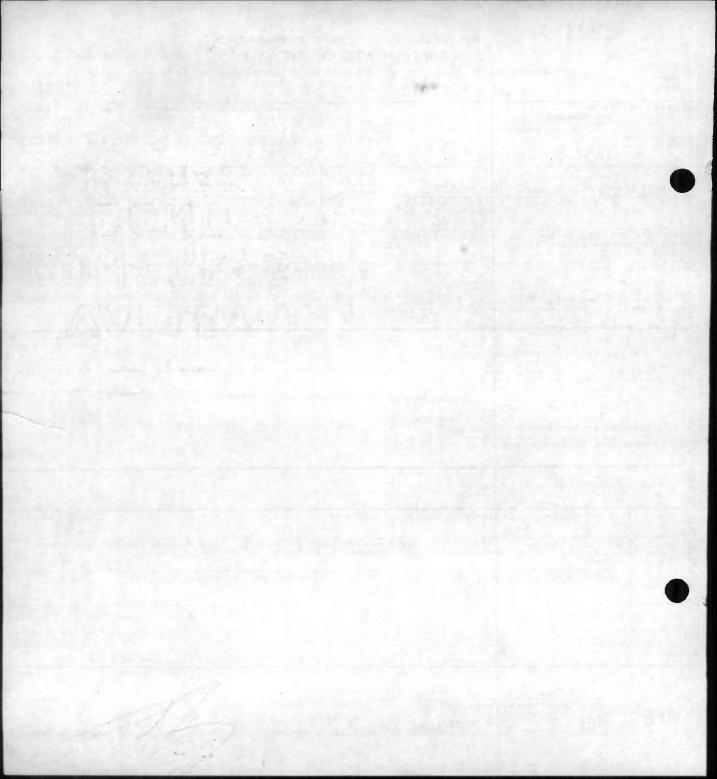
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### BALTIMORE CITY HEALTH DEPARTMENT

51 1223

Registered No.

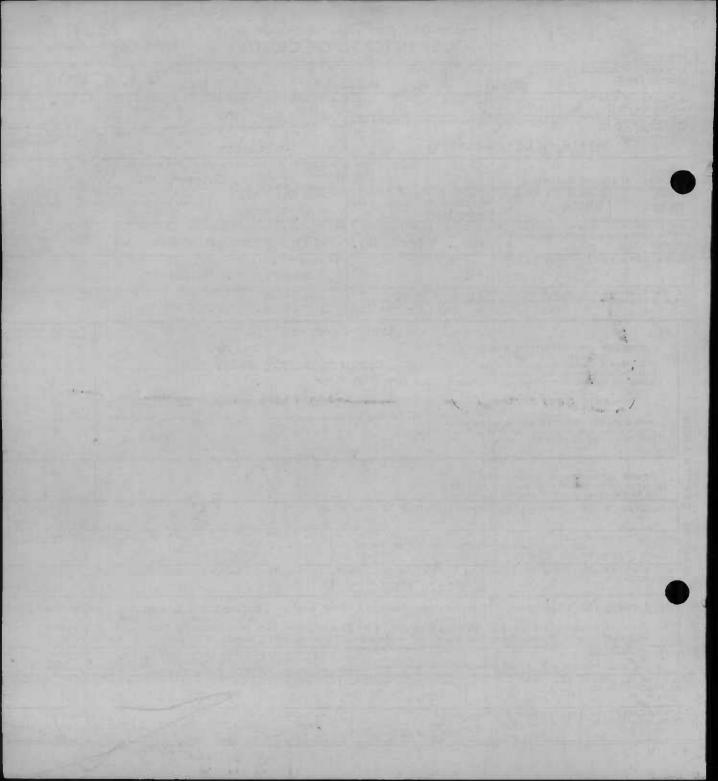
В	BIRTH NO.						
(7	NAME OF D Type or Print)	ECEASED	Mary H	Riebold		2. DATE of Feb.	6, 1951
A.	Baltimore (	City, Maryland			4. USUAL RESIDENCE A. STATE Md.	CE (Where deceased lived, If B. COUNTY	institution : residence before admission)
Н	OSPITAL OR NSTITUTION	1637 N. Du		tion, give street address or location)	c. CITY OR TOWN Baltimo	(If outside corporate limit	ts, write RURAL and give township)
	ength of s	tay in Baltimore	60 Ye	Yrs. Mos. Days		(If rural, give location) Durham St.	8-06
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH 766. 4. 186	9. AGE (In years last hirthday) Mo	Under I Year   H Under 24 Hours   Days   Hours   Min.		
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWII E  INDUSTRY			11. BIRTHPLACE (State Baden-Bade	en, Germany	12. CITIZEN OF WHAT SOUNTRY?		
	3. FATHER'S N	Z	lmmern	nan	14. MOTHER'S MAID! Unkown		
15 (Ye	NO OF UNKNOWN)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Louis J. H	Riebold (son)	DDRESS Same
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO TI UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which c ANTECEDENT CAUS G OR CONDITIONS. IF HE ABOVE CAUSE (A) 'ING CONDITION LAN ING CONDITION LAN ING CONDITION TO THE DEATH, BUT IS SEASE OR CONDITION	H f dying, e.: as the diseasaused death  ES ANY, GIVII STATING TI ST.  FIONS COI	(B)	Coular The	and disease	Hereiha
EDICAL		0		FINDINGS OF OPER			20. AUTOPSY?
MEDI	LYING OF	ENT WAS UNDER- CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e	a or 21c. WHERE DID (tc.) INJURY OCCUR?	(If in Baltimore City, a	give exact location)
	21D. TIME (	Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURRI	ED 21F. HOW DID IN	JURY OCCUR?	
	22. I hereby certify that I attended the deceased from family, 1951, to FEA 6, 1951, to deceased alive on from the causes and on the 23A. SIGNATURE 23B. ADDRESS						
24 TIC	AA. BURIAL, CON, REMOVAL (S. Burial	REMA 248. DATE Pecify) Feb. 9		M.D.   24c. NAME OF CEMETE Holy Redee:	RY OR CREMATORY 2	Vaslington W.  40. LOCATION (City, town.  Baltimore, I	or county) (State)
	TE RECEIVE	BAR REGISTRAR'S		-	25. FUNERAL DIRECT		ADDRESS
	VS 150	9	ue)		DOL OLHIOLO,	a deny	000



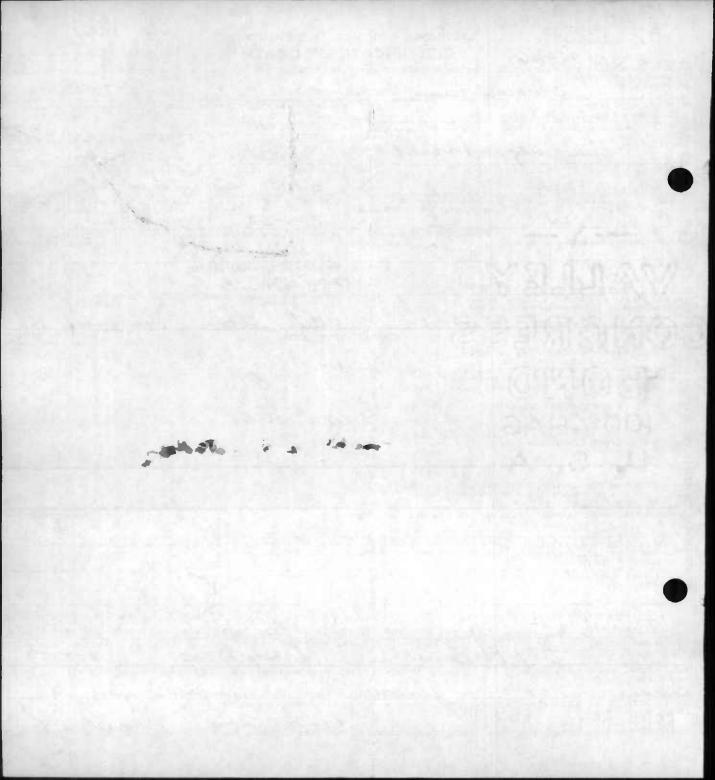
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1221 Registered No.

ВІ	RTH NO.			CLICIA	IICAIL	. OI DEATH			
	NAME OF D		Y2727	17	MOU.D.	TUON	2. DATE	b. 8, 19	057
	PLACE OF DI	EATH:	ARRY	н.	MORR.	4. USUAL RESIDEN	CE (Where deceased liv	ed. If instituti	ion; residence
		of of not in hospit	al or institu	tion, give stre	et address or	A. STATE Maryl	and B. COUNT	Υ	before admission
HC	SPITAL OR STITUTION	o		v.o., 8., c 50. c	location)	c. CITY OR TOWN	(If outside corporate	limits, write	RURAL and giv
114	311101101	Baltimore Ci	ty Hosp	ital		Baltim			township
100					Yrs.		S (If rural, give location	in)	
	Length of st	tay in Baltimore			Mos.		. Calvert St.	11	13/
9	SEX	6. COLOR OR RACE	7 SINGL	E. MARRIED	Days	8. DATE OF BIRTH	9. AGE (In yea		ear   If Under 24 Hours
	ale	White	Mari	wed divord	CED (Specify)	Dec.7,1888	8 last birthday	) Months Da	ays Hours Min
10.	done during most o	CUPATION (Give kind of f working life, even if retired)	Be th	of Busin	IESS OR INDUSTRY	Wilming to	te or foreign country) n Delaware		TIZEN OF HAT COUNTRY
13	FATHER'S N	AME			\$20 car :	14. MOTHER'S MAID	EN NAME		
		vin R. Mor				Frances	F. Bendler		
Yes.	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMEI (If yes, givo war or date	FORCES? s of service)	213-	194 NJ:0	17. INFORMANT Marie A.	Morrison	ADDRES	S
	(This does	E OR CONDITION LEADING TO DEA not mean the mode	TH of dying, e.	g., (A).		of DEATH	N. Calvert		TERVAL BETWEE SET AND DEAT
П		re, asthenia, etc. It mer complication which							
		ANTECEDENT CAUS	rec						
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)								
RTIFIC		11					A COLOR		
ERT	TRIBUTING	GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELAT	ED					
ਹ				FINDINGS	OF OPERA	TION		20	O. AUTOPSY?
4								YE	ES NO X
Ă l	UNDERLYING	AL CAUSE WAS OF CONTRIB-		ACE OF INJU			(If in Baltimore C	ity, give exac	ct location)
<b>-8</b> -	21b. TIME () OF INJURY	Month) (Day) (Year)	, , , ,	21E. INJURY	Y OCCURRE NOT WHILE	21F. HOW DID IN	NJURY OCCUR?		
	22. I certif	y that I took char				ove, held an Insr	pection & Ind	ther	eon and fron
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from Adopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes accident accident homicide, undetermined.									
	23A. SIGNAT	ure H. N	Dun	luck		238. CHIEF MEDI	CAL EXAMINER	1 23c. DATE	ESIGNED
TIO	a. Buriat. c N. REMOVAL (Sr Burial	REMA- 448. DATE 2/12/5				Y OR CREMATORY   2	4D. LOCATION (City, the Pikesville)	own, or count	ty) (State)
	TE RECEIVED		SIGNATU	JRE		25. FUNERAL DIREC	TOR '	ADDRI	ESS /
	FEBG	incl	to we are.	Mill out	4 43		er & Sons I	301	de
VS	5 151	egi-	*				are the Gentle	11.00	2007
	San Carl		1	390	34		2 0	9	4a.V



51 1225 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50-02896 1. NAME OF DECEASED 2. DATE (Type or Print) Elnabeth, ann OF 2-7-51 Hardman DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos Restertered ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED If Under I Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 2-9-50 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Manyland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Earl . CHEISTINE miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL ADDRESS (Yee, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES moluoletin RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 2-7 19.5% to\_ 2-7 . 193/ that I last saw the deceased alive on 2-7 23A. SIGNATURE 23c. DATE SIGNED lelus 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCKTION (City, town, or county) TION, REMOVAL (Specify) Durat DATE RECEIVED BY FEB 9 195 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR worthliams, up VS 150



10 - 6.35 51 1226 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland / 200 A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location' (If outside corporate limits, write RURAL and give INSTITUTION 1200 Valler Yrs. (If rural, give location) Mos Length of stay in Baltimore Days 6. COLOR OR RACE Age (in year | | Under | Year | | If Under 24 Hours | Win. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) IOA. USUAL OCCUPATION (Givekindof) IOB. KIND OF WUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF me during most of working life, even if retired) INDUSTRY WHAT COUNTRY? nemployed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. 4271 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDICAL YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 2 Ic. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from... ner!-1950, to treb 8-. 1951, that I last saw the 1957, and that death occurred at 10-20 Am., from the causes and on the date stated above. deccased alive on\_ 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED Teb-8-1951

24c. NAME OF CEMETERY OR CRI

25. FUNERAL DIRECTOR

FEBS

24A. BURIAL, CREMA-

TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

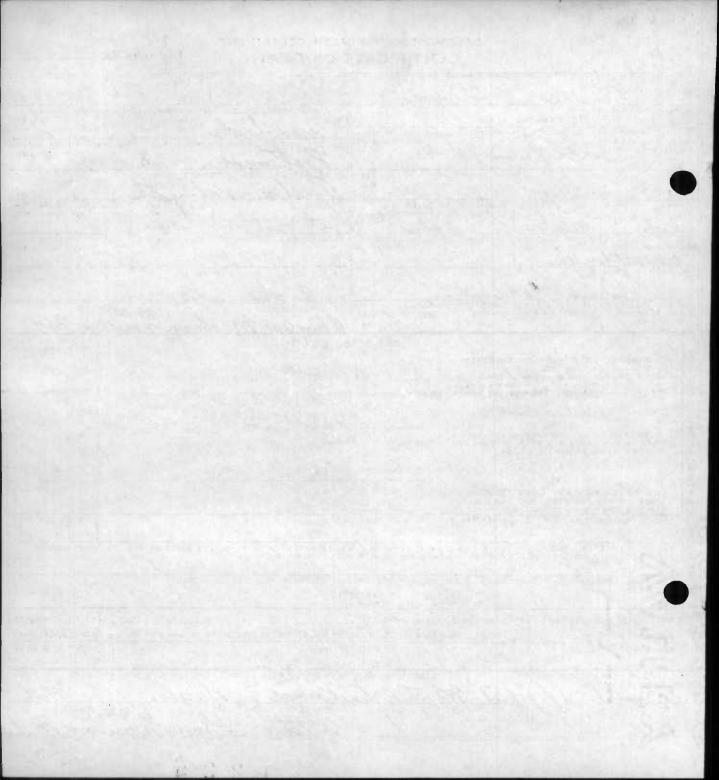
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REGISTRAR'S SIGNATURE

93)

LEDDRESS

240. LOCATION (City, town, or county)

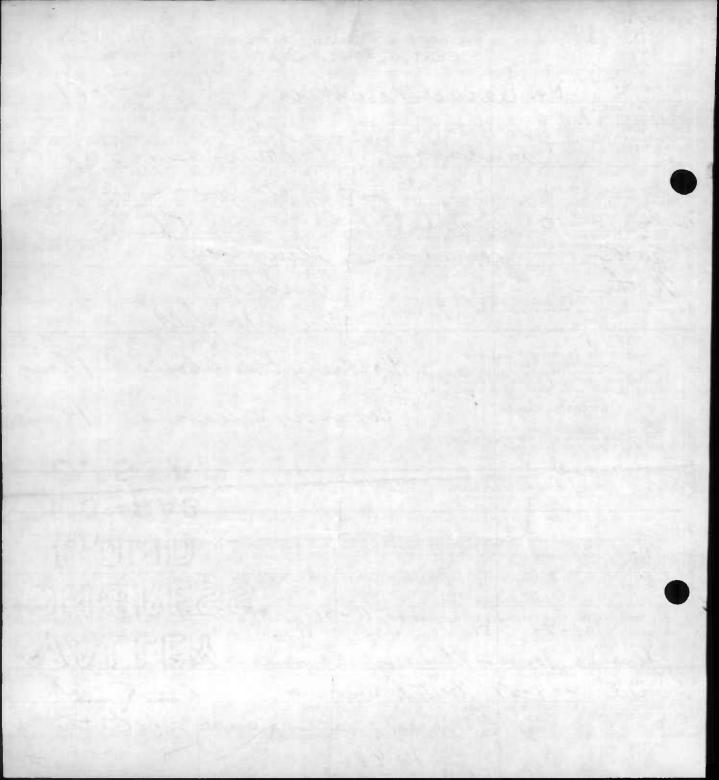


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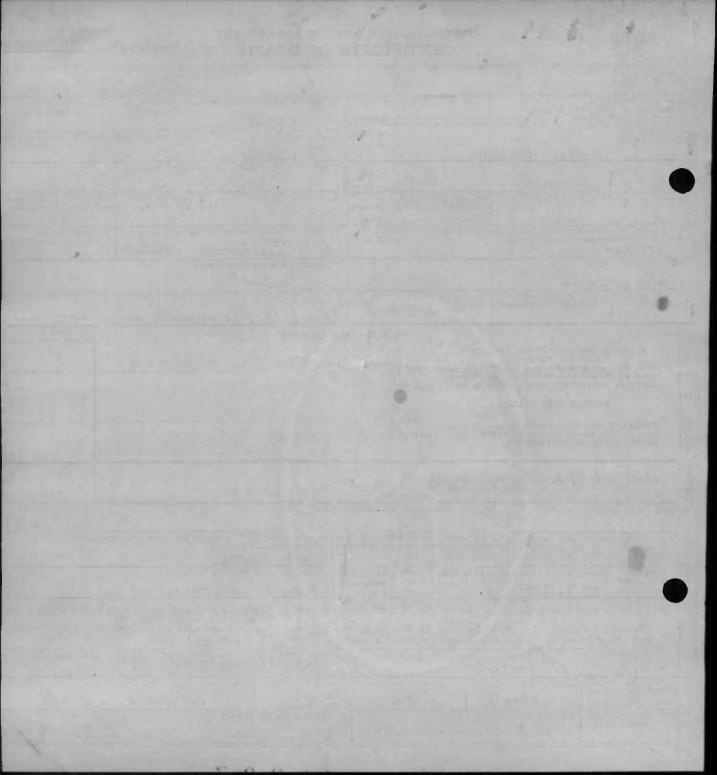
#### BALTIMORE CITY HEALTH DEPARTMENT

51 1227

CERTIFICATE OF DEATH  Registered No						
1. NAME OF DECEASED Mr. Baruch Rosent	reld 2. DATE OF DEATH 2-7-51					
3. PLACE OF DEATH:	SUAL RESIDENCE (Where deceased lived, If institution : residence TATE B. COUNTY before admission)					
B. FULL NAME OF (If not in bospital or institution, give street address or location) INSTITUTION  C. C.	OR TOWN (If outside corporate limits, write RURAL and give township)					
ength of stay in Baltimore  70 Yrs. D. S  Days  49	TREET APPRESS (If rural, give location)  124 Deumore Coe					
15. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married (Specify)	ATE OF BIRTH  9. AGE (in years If Under I Year If Under 24 Hours I last his thickney) Months: Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	HRT PLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME ULD Age Hage 14. N	Weall 1					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	NFORMANT ADDRESS					
TRIBUTING TO THE DEATH.  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  COVORAGY Through the control of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  COVORAGY Through the control of the death, but not related to the death of the death, but not related to the death.						
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION	Y 20, AUTOPSY?					
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.)	CIC. WHERE DID (If in Baltimore City, give exact location) NJURY OCCUR?					
Z O DEATH  21D. TIME (Month) (Day) (Year) (Hour)  NOT WHILE AT WORK  MILE AT WORK  AT WORK						
22. I hereby certify that I attended the deceased from 10-31, 1944, to 2-7, 1951, that I last saw the deceased alive on 2-7, 1951, and that death occurred at 11 p.m., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED						
244/ BURIAL, CREMA- 245 DATE ZAC. NAME OF CEMETERY OR THOM REMOVAL (Specify) Z-9-1/ MULLED NEVY	CREMATORY 240. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	EXPENSE 2100 Cutow PR					
VS 150	0.10					

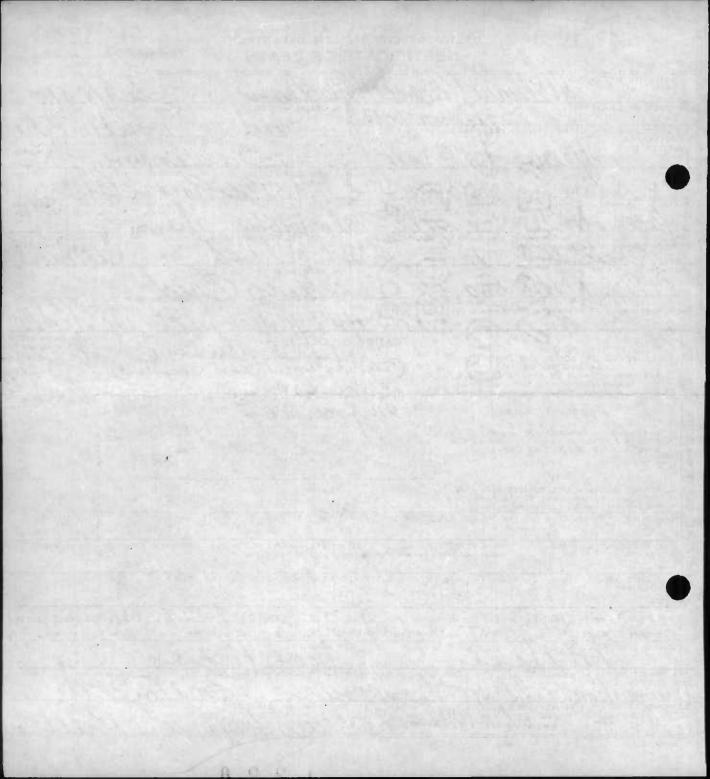


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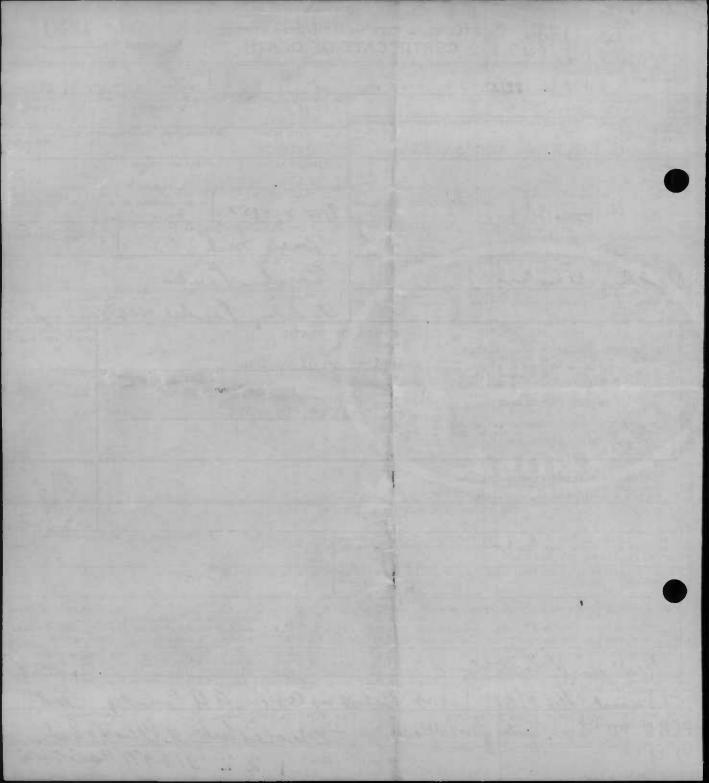


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200	
BALTIMORE CITY H	EALTH DEPARTMENT 51 1230
	E OF DEATH Registered No.
BIRTH NO. 30 - 2/94/	
1. NAME OF DECEASED (Type or Print) HENRY L. PEAKE	2. DATE OF DEATH February 7, 1951
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -
HOSPITAL OR location)	C. CITT ON TOWN (A ducide comparate minus, write holes and give
1006 N. Washington Street	Baltimore 1-04 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Days	1006 N. Washington Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under I Year In Under 24 Hours Min.  10. 3 1550  9. AGE (In years if Under I Year Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	Breis m.d. WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oskler Seeks	Bertly Lesks
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Cakley Ceake 1006 Washington Si
18. 391. × CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	tion of vomitus
heart failure, asthenia, etc. It means the disease,	**************************************
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Rilater	cal otitis media
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
to the disease or condition causing it.  U 19a, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
J V	YES X NO
21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (6. g.,	
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	ecc.) INJURY OCCUR?
2 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described	above, held an autopsy thereon and from
	Autopsy, Inspection or Inquiry
	Inquiry, find that said deceased died on the day stated above $s \ \overline{\boxtimes}$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A, SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
	ASSISTANT MEDICAL EXAMINER
24A. BURIAL, CREMA- 24B. DATE DATE NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burnel Het 9/51 my Cal	any com 44 Country med
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR . ADDRESS
FEB 9 1951 Thereting or Millianis, M.	Mes Coher a Eller rogh



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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1231 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Martia W.	Tent   2. DATE OF DEATH FO.6-6-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street add HOSPITAL OR	ress or Account of the Control of th
BON Sagnuritos	$\frac{1}{3}$ $\frac{1}{2}$ $\frac{1}$
ength of stay in Baltimore	Yrs. O. STREET ADDRESS (If rural, give location) Mos.
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDQWED-DIVORCED (	Days   S. DATE OF BIRTH   9. AGE (In years   11 Under 1 Year   11 Under 24 Hours
F. M. Single	Dept 23/8/16/14
10A. USUAL OCCUPATION (Give kind of working tife, even if retired)  10B. KIND OF BUSINESS INDU	OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Lea H I	A Shares MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	17. INFORMANT, ADDRESS
(1 yes, give war or dates of service) 315-10-4	37 Elizabeth Kent 3024 Abell Ave
18. 420, / 1 CAL	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ouver joecuses.
ANTECEDENT CAUSES	
	January and adamsulary
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
O	rypersu
F II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	alutes Mellets 393
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	
LYING OR CONTRIBUTING about home, farm, factory, street, office	
CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCC	CURRED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT	WHILE NORK
22. I hereby certify that I attended the deccased from-	Feb 1 , 1951, to Feb 5 , 1957 that I last saw the
deceased alive on February, 1957, and that death	occurred at 2 Pm., from the causes and on the date stated above.
234. SIGNATURE L. Ruther M.	23B. ADDRESS
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	
BURIAL FEB 9 1951 DROID A	17/1/2017-12
DATE RECEIVED BY REGISTRAR'S SIGNATURE FEB 9 1951	25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS

4906C

DR C. L RICHTER 1706 NWASHINGTON

54 1232 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission! A. STATE B. COUNTY B. FULL NAME OF e street address or HOSPITAL OR TEN location) CITY OR TOWN side corporate limits, write RURAL and give Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE E (In years If Under 1 Year SE (In years | N Under | Year | N Under 24 Hours | St birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Givehindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY? 5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or nnknown) (If yes, give war or dates of privice) 16. SOCIAL (Yes, no or naknown) SECURITY NO. no 447X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or ) (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT 1/2 1951, to 2/8 , 1957, that I last saw the 22. I hereby certify that I attended the deceased from\_\_\_ \_\_\_\_\_\_, 19\_1, and that death occurred at 7 /t. m., from the causes and on the date stated above. deceased alive on L/F 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2324 24A. BURIAL, CREMA- 24B. 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

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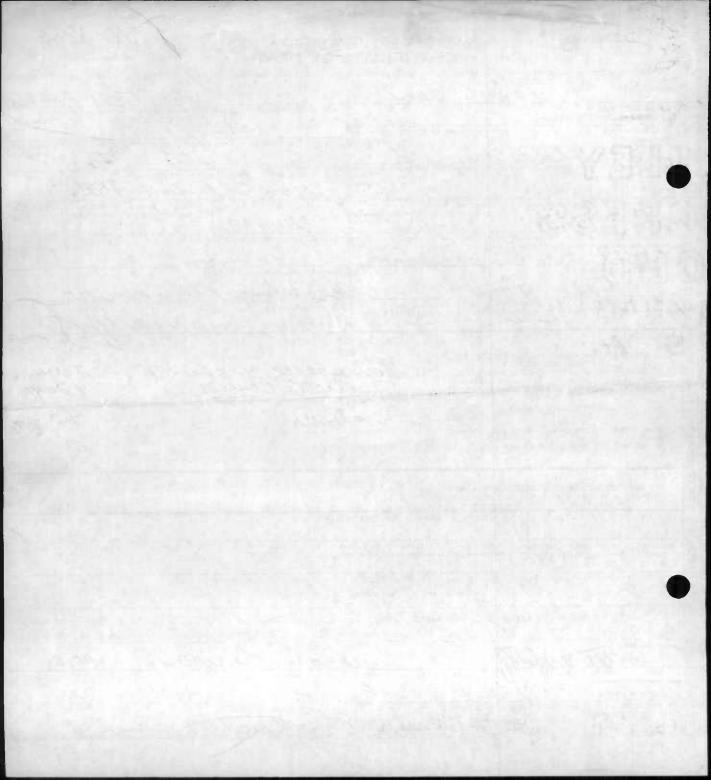
PERSON NO. OF ACT OF STREET

	PRINCIPLE CONT	
		10000

# BALTIMORE CITY HEALTH DEPARTMENT

51	1233
	120,00

BIRTH	NO.			CERTIFICAT	E OF DEAT	TH	Registere	d No.	
	ME OF DECEA		hu	Frey		2	OF DEATH	451 34	ш.
3. PLACE OF DEATH:  A. Baltimore City, Maryland			4. USUAL RESID	DENCE (When		l. If institution : residen before admi	ice		
B. FULL NAME OF (If not in hospital or institution, give street address or			li .	Md.					
	UTION	1011	11.	location)	c. CITY OR TOW	N (If out	side corporate li	imits, write RURAL an	d giv
0.0	0/00		700	Yrs.	D STREET ADDE	SECO (If run	al give leasting	1-01	
c. Len	gth of stay i	n Baltimore		Mos.	D. STREET ADDRESS (If rural, give location)				
5. SEX		DLOR OR RACE		Days E, MARRIED,	8. DATE OF BIRT	Н 9	AGE (In years	If Under 1 Year   If Under 2	24 Hours
Me	le l	White	MILOW	VED, DIVORCED (Specify)	9/14/1	1872	last birthday)	Months Days Hours	Min.
10A. U.	SUAL OCCUPA	TION (Give kind of ing life, even if retired)	IOB. KINE	OF BUSINESS OR	11. BIRTHPLACE	(State or foreig	en country)	12. CITIZEN OF	
187	inrd B	cker	Own	Businger	_ 98	rmas	14	WHAT COUN	ITRY
13. FA	THER'S NAME	-0 6	1		14. MOTHER'S M.	AIDEN NAME			
15 144	S DECEMBED 5W	hu V	ney		Mugdule	ue Be	Hing	MEURY	
(I es, no c	r unknown) (II	R IN U, S. ARMEI	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	2	2-0	ADDRESS	
-	20				Rathina	Trey	10901	LYORK K	1
18.	260	X	DIDECTIV	CAUSE	OF DEATH			ONSET AND D	WEEN
	LEA	CONDITION DING TO DEAT	TH	gar	10110	wind.	unt-	3114	- 1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO Weaklette Coure						4200	41		
		CEDENT CAUS					-	1009	مر
z				(B) Wea	liely			20 9	w
	RISE TO THE AE	CONDITIONS, I	STATING TH	IG IE DUE TO					
CA	JNDERLYING	CONDITION LA	ST.	(C)		••••••	***************************************		
Ē -		- 11							
CERT	THER SIGNII	HE DEATH, BUT	TIONS CON	1 - ED					
الأنا		OR CONDITION	CAUSING I	т					
AL 1	. DATE OF OF	ERATIONO	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPS	14
EDICAL LA	ACCIDENT	WAS UNDER-		CE OF INJURY (e.g., in		DID (If in	Baltimore Cit	y, give exact location)	0 1
W CA	USE OF DEAT	NTRIBUTING	about nome,	arm, factory, street, office bldg., e	te.) INJURY OCCL	UR?			
10	. TIME (Mont)	n) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DIE	D INJURY O	CCUR?		
			m.	WORK NOT WHILE					
22.	I hereby cer	tify that I att	ended the	deceased from	, 19	, to	, 19	, that I last sar	w the
dec	eased alive o	n		and that death occur	red atm			n the date stated al	
234	SIGNATURE	1//	727	2	3B. ADDRESS	00.	0.	23C. DATE SIG	NED
24A. E	BURIAL, CREMA	248. DATE	7)	M. D. Z	RY OR CREMATORY	1 240 LOGA	TION (City, to	wn. or county (S)	tate)
TION, RI	EMOVA <del>L (Speci</del> fy U <i>4X`Q-</i> L	2/10/	51	2.16		120	K vill	MX	,
DATE	RECEIVED BY	REGISTRAR'			25. FUNERAL DIF	RECTOR	12511	ADDRESS	
FFF	3 9 1951	W. W.	W. STOWN	Bliance, H	124 Cook)	uc. 121	7 St. 12	ul I	
V	S 150			1				/ ,	
				40.000				6/	



#### BALTIMORE CITY HEALTH DEPARTMENT

51. 1234

В	IRTH NO.	CERTIFI	CATE	OF DEATH	Kegistered	NO	
	NAME OF DECEASED LA	(A IA V	1.1	7-1-	2. DATE Fe	bruary 6	
	PLACE OF DEATH:	RRY	IJ	05/	DEATH	1951	
	Baltimore City, Maryland		E E	A. STATE	Where deceased lived.	before admission)	
	OSPITAL OR A	tal or institution, give street ac	idress or ocation)	C CITY OR TOWN	79	nits, write RURAL and give	
IN	ISTITUTION (500 S ) 7	MARITAN		(9)	Modeside corporate in	township)	
1	27/1 - 0009	9)	Yrs.	D. STREET, ADDRESS	Af rural give location		
C:	Length of stay in Baltimore		Mos. Days	2479 7/1	stront &	Westport	
万	SEX 6. COLOR OF RACE	7. SINGLE, MARRIED	(Specify)	BOATE OF BIRTH	9. AGE (In years)	H Under 1 Year   H Under 24 Hours Months: Days   Hours   Min.	
4	ale Muy	Married		March 17.1886	64		
WOR	A. USIAL OCCUPATION (Give kind of done during most of working life, even if retired		OUSTRY	IN BIRTHPLACE (State	or foreign country	12. CITIZEN OF WHAT COUNTRY?	
1	rauly	Laurel Sonalor	um	Salum	ore old		
13	B. FATHER'S NAME		200	14. MOTHER'S MAIDE	NAME		
15	5. WAS DECEASED EVER IN U. S. ARME	D FORCES   16 FOCIAL			m	1	
	a, no or nnknown) (If yes, give war or dat	D FORCES? 16. SOCIAL SECURITY	Y NO.	17 INFORMANT	+ 16	ADDRESS ST	
-	WO			Trod sama	ly Some	2711 Jarry 49	
	18. 420.0		AUSE C	OF DEATH		ONSET AND DEATH	
	DISEASE OR CONDITION LEADING TO DEA	DIRECTLY	PON	ic Myo CAR	DITIST	5VPS	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO MYJCARDIAL DEGENERATION						
	injury or complication which				1,		
z	ANTECEDENT CAU	SES	teten	ero sclerestic	HEART	1	
2	DISEASES OR CONDITIONS,	IF ANY, GIVING			1.504-18		
(A)	UNDERLYING CONDITION L			1.	IN T		
RTIFICA	L. H	(c)(	ren	era lizey	ARlerios	lemosi's	
	OTHER SIGNIFICANT COND		1074				
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION						
7	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF	F OPERA	ATION		20. AUTOPSY?	
EDICA	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY	(e.g., in	or   21c. WHERE DID	(If in Baltimore City	yes No No	
ED	HOMICIDE (Specify)	about home, farm, factory, street, or					
Σ	ID. TIME (Month) (Day) (Year	) (Hour)   21E. INJURY O	CCURRE	D 21F, HOW DID INJ	URY OCCUR?		
	FINJURY		OT WHILE				
	22. I hereby certify that I at			1 1950 to	December 1319	50, that I last saw the	
	deceased alive on Dec 23						
	23A. SIGNATURE	0 1		B. ADDRESS	7. +A IT	23c. DATE SIGNED	
-	Welling 11.		4. D.		agelle /n	2/6/5/ (State)	
	44. BURIAN, CREMA- 24B. DATE		1	RY OR CREMATORY 24	DUCATION Wity, tov	(State)	
	ATE RECEIVED BY L REGISTRAR	S SIGNATURE	iris	25 FINERAL DIRECT	OR OR	ADDRESS	
	LOCAL REGISTRARY Thursday or Hollians M. M. John 1219 ST Charles						
=	VS 150				,, (6)	1 - V	
	730850 1233						
			5.5	6-4			

Continuency in Administration and Artistance ELINETUSIO NO STRABITO STA

#### BALTIMORE CITY HEALTH DEPARTMENT

1235

CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Walter OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years WIDOWED, DIVORGED Specify last birthday) Months: Days Hours: Min. Widows 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WISTURK DUSTRY WHAT COUNTRY? ETENER 13. FATHER'S NAME hound 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH 122.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI П OTHER SIGNIFICANT CONDITIONS CONnunc TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from No. 16-, 19500 + refe 8 195%, that I last saw the deceased alive on + 1. 1951, and that death occurred at 2 30 Am., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED arman 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OF CREMATORS 240 TION-REMOVAL (Specify

25. FUNERAL DIRECTOR

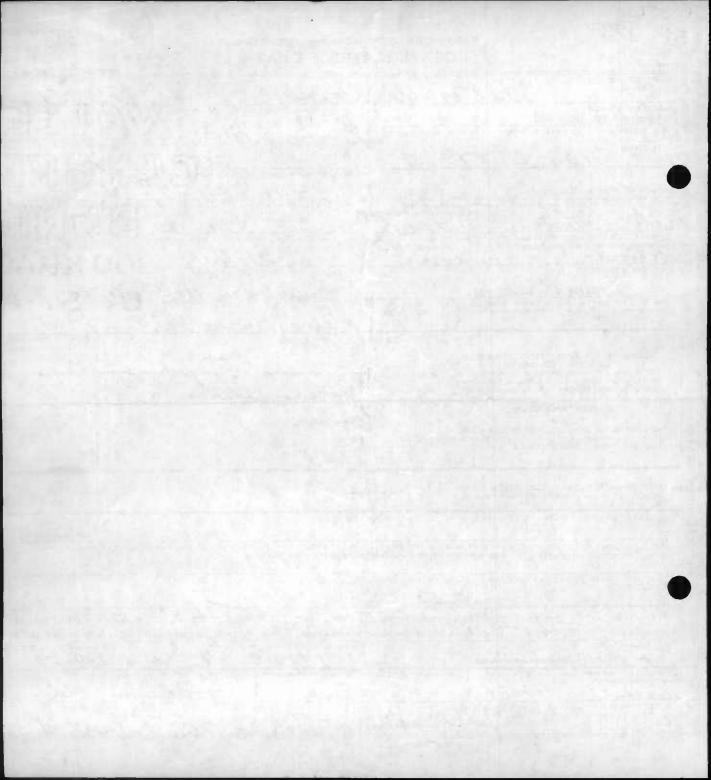
VS 150

10uria DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS

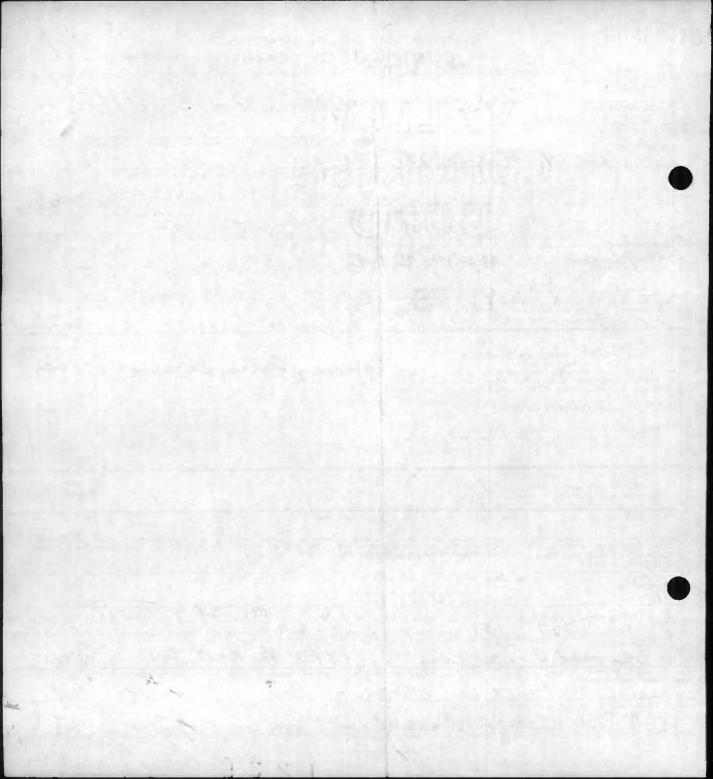


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1236

Registered No.

1. NAME OF DECEASED Willis Z. Wash of	2. DATE 0F 2/7	1-1
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	nstitution : residence
B. FULL NAME OF (If not in hospital or institution, give street address or	md.	before admission)
INSTITUTION	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give
119 W. Mosker st.	13cel10. 14	- O Township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	4
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years)	nder 1 Year   If Under 24 Hours
Male White Manhied (Specify)		ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF
Unemployed Enginesh	Pa.	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(Unknown) Vash ourn	Unknowa	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.		DRESS
10 216-12-0139	MaryureT Wushburn 11941.	Mosherst
	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C.T. A.	. A a
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	many artery picease	, , , ,
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
V		YES NO
2 IA. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et CAUSE OF DEATH		re exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	ED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from	16 1951/to 2/7 1951	that I last saw the
deceased alive on 2/7, 1951, and that death occur	red at 6 4 m., from the causes and on the	
		23C. DATE SIGNED
M.D.	1841 WINSUL WU	2/9/37
24a. BIRIAL, CREMA- HON, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or	eounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	nd Park Farkville	Med.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
FEB 3 1331 Thursday on / White will Mills	W= Ook Me. 1217 St. Pau	221.
VS 150	3	alla



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1237

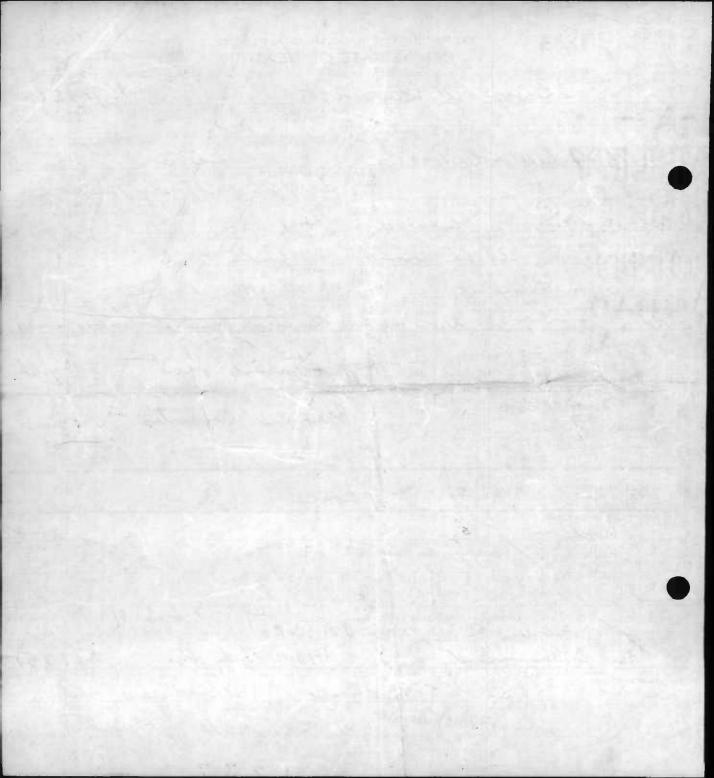
BIRTH NO.			
	T FRANKLIN HO	BBS 2. DATE OF DEATH	7es.7,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospits	al or institution, give street address o	4. USUAL RESIDENCE (Where deceased A. STATE B. COL	
UNION MEMORIAL +	location		rate limits, write RURAL and give township)
	Yrs. Mos. Day	D STREET ADDRESS (16 mins) sine les	ation) C: SOAPSTONE BOTTOM)
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country	
NONE  13. FATHER'S NAME	HONE	HARRIOTTS VILLE MARYLA	WHAT COUNTRY?
ARTHUR HO		LILLY HAY SEL	MAN
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mother via	ADDRESS MARRITT
DISEASE OR CONDITION (This does not mean the mode of heart failure, asthenia, etc. It mean in jury or complication which can an a	DIRECTLY 'H f dying, e. g., as the disease, aused death.)  ES  FANY, GIVING STATING THE DUE TO	OF DEATH  ELEREMA  -	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO THE DISEASE OR CONDITION	NOT RELATED CAUSING IT.		
19a. DATE OF OPERATION 19	98. MAJOR FINDINGS OF OPE	NONE -	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  LD. TIME (Month) (Day) (Year)	218. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg.  (Hour)   21E. INJURY OCCURF	,etc.) INJURY OCCUR?	re City, give exact location)
FINJURY	m. WHILE AT NOT WHILE		
22. I hereby certify that I attendeceased alive on 7667  23A. SIGNATURE  Allas Y. Wo	, 19 51. and that death occu	erred at 4 Pm., from the causes at 23B. ADDRESS	A 23C DATE SIGNED
24A. BURIAL, CREMA 24B. DATE TION REMOVAL (Specify) 2-/0.	5/ Skingf	ERY OR CREMATORY 240. LOCATION (C)	ity, town, or county) (State)
CEB 9 1951	for Miliams Ha	25. FUNERAL DIRECTOR	ille med.
VS 150			1612

The same of the same of the same of Fred V. Bart ENTERNATION TO STANFORM THE PARTY OF THE P nel contribute to the All a least (44) Time Time 

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1238 Registered No.\_\_\_\_

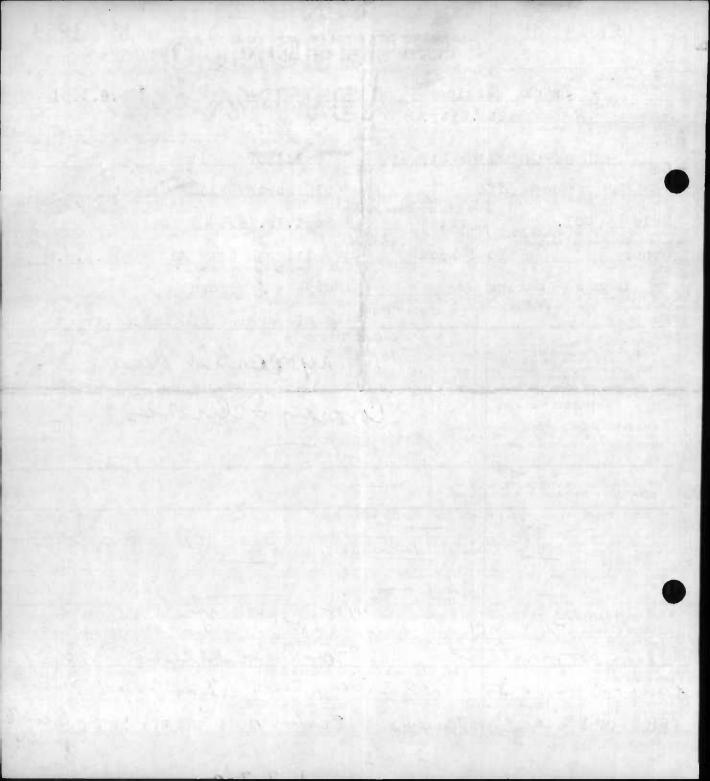
BIRTH NO.						
1. NAME OF DECEASED Groups W. Co.	ggins 2. DATE OF DEATH	5/1951				
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)				
B. FULL NAME OF (If not in hospital or institution, give street a	ddress or Md	before admission)				
INSTITUTION	c. CITY OR TOWN (If outside corporate limits					
3214 Auchentoroly IErrae	E Balto !	3-04 township)				
	Yrs. D. STREET ADDRESS (If rural, give location)	5				
c. Length of stay in Baltimore		errace				
5. SEX 6. COLOR OR RACE 7. SINGE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE (In years   last hirthday) Mon	Under T Year   If Under 24 Hours nths: Days   Hours: Min.				
Mala White Murries	2 12/1883 67	Tours Mill.				
10A. USUAL OCCUPATION (Give kind of one during most of working life, even if retired)	S OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF				
K - K W	hrs Bullo Med.	WHAT COUNTRY				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
John Gagins	Monthy Price.					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURIT	17. INFORMANT	DRESS				
(1 yes, no or unknown) (11 yes, give war or dates of service) SECURIT	Y NO.	to of B				
10 1/1	AUSE OF DEATH	INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	Le ch	ONSET AND DEATH				
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Annia Tennia Hest	10000				
heart failure, asthenia, etc. It means the disease.	n	o you.				
injury or complication which caused death.) DUE TO	Disease					
ANTECEDENT CAUSES	Chan deal t.	1				
O DISEASES OR CONDITIONS, IF ANY, GIVING	organic organics	1 year				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)						
11	1					
OTHER SIGNIFICANT CONDITIONS CON-		ALULANIA N				
TO THE DISEASE OR CONDITION CAUSING IT.	ryne					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS O	FOPERATION	20. AUTOPSY?				
of more	/ · Lot- www.pp. p.p.	YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, or	Y (e. g., in or 21C. WHERE DID (If in Baltimore City, g. INJURY OCCUR?	ive exact location)				
Z CAUSE OF BEATH						
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY O						
	OT WHILE					
22. I hereby certify that I attended the deceased from	m any 8. , 1949 to - 7 st. 6, 1951	, that I last saw the				
	h occubred at 3.30 pm., from the causes and on th	e date stated above.				
23A. SIGNATURE	238. ADDRESS 01 1 111	23C. DATE SIGNED				
	M.D. TIOF fiberty Als-	2/9/5/				
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	CEMETERY OF CREMATORY 24D LOCATION (City, town,	or county) (State)				
10 W1642 17/51 400	dayy Woodkern	Med.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS				
ER 9 1951	1/M Cook Juc. 1217 St. He	ulst				
VS 150						
3108	7X	1313				
		1001				



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1239

CERTIFICATE OF DEATH Registered No.					
1. NAME OF DECEASED (Type or Print)	2. DATE				
Frank Askins	DEATH Feb.6.1951				
A Baltimore City, Maryland Balto.City.Md	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission				
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland				
STITUTION	C. CITY OR TOWN (If outside corporate limits, write HURAL and giv				
510 North Dallas Street	Baltimore City				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
ength of stay in Baltimore Life Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	510 North Dallas Street				
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min				
Male Col. Married  10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY				
13. FATHER'S NAME	Baltimore City Md U.S.A.				
Thomas Askins 15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	Mary Brown				
(11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
18. /2.0 / CAUSE	Bessie Askins 510 Dallas treet				
THE	OF DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Murand desert				
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	my occurred disense				
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES	and the deliteration				
DISEASES OR CONDITIONS, IF ANY, GIVING	7/000 000000				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(c)					
E II					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
U TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.	nor 21c. WHERE DID (If in Baltimore City, give exact location)				
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	otc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21f. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE					
22. I hereby certify thay I attended the deceased from 11/	18 1949, to 3/2 , 1957, that I last saw th				
deceased alive on 7/2, 196/, and that death occur					
	38. ADDRESS A 23C. PATE SIGNED				
ach. Horselen M.D.	2042. Biglest 2/8/6/				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county)				
Bunk 2/10/5/ ml Call	ery cert Brookelyt my				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 VUNERAL DIRECTOR ADDRESS				
FEB 3 1951 mitte for Miliams, Mas	Elioy O, Wilson 1000 Broms				
VS 150	dog				
19-29086	94a				
	01000				



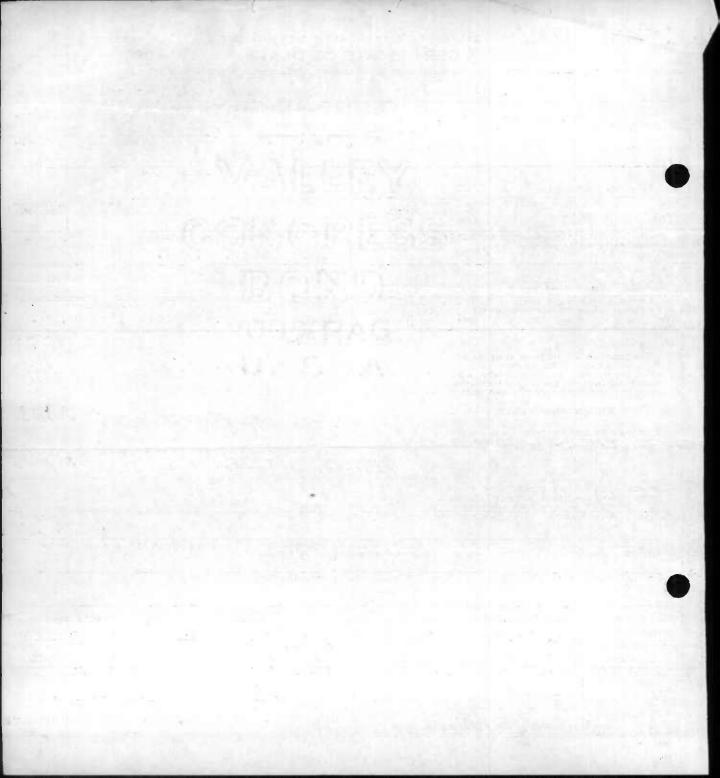
## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			ERTIFICAT	E OF DEATH	- Registered	110
1. NAME OF D (Type or Print)	Charles	Crue	( CHARL	ES EDWARD CRU	E) 2. DATE OF DEATH #2	8-51
a. Baltimore	EATH: City, Maryland			A. STATE	NCE (Where deceased lived, I	f institution : residence before admission)
B. FULL NAME HOSPITAL OR		tal or institution	, give street address or		yland B	altimere
INSTITUTION	University	Hasmitel	location)	c. CITY OR TOWN		ts, write RURAL and give township)
2.7	UNITARISTO	Mespi Cal	Yrs.		rille P.O. SS (If rural, give location)	
north of s	tay in Baltimore		Mos.		1	5200
5. SEX	6. COLOR OR RACE			Falls Rea	9. AGE (in years	If Under 1 Year   If Under 24 Hours
Male	White	WIDOWED	Married (Specify)	Dec. 9, 1900	last birthday) M	onths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of working life, even if retired	108. KIND O	F BUSINESS OR		tate or foreign country)	12. CITIZEN OF
Well Dri		Well Dril	lling Co.	Maryland		WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAI	IDEN NAME	
Edwa:	rd Crue			Queen L. H	larris .	
(Ies, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 1 ns of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
N•	Nene	[2]	16-10-1055	Mrs. Ch	arles E. Crue, C	ockeysville,Md
18. 44	×× I		CAUSE	OF DEATH		ONSET AND DEATH
DISEAS	E OR CONDITION LEADING TO DEA	DIRECTLY	a. (		la accident	110
heart failu	not mean the mode ore, asthenia, etc. It mes	ans the disease.	(A)Ceral	no-valu	va accidim	24 hu
injury or	complication which	caused death.)	DUE TO			
	ANTECEDENT CAU	SES	4	. t. i	a Dia	3
O DISEASE	OR CONDITIONS,	F ANY, GIVING	(в)	savenaux	Casacop Marce.	X •
	HE ABOVE CAUSE (A)		Poul	ale sama	policio vare.	
<u>U</u>			(6)			
OTHER S	IGNIFICANT COND	ITIONS CON-	0			
U TRIBUTING	TO THE DEATH, BUT	NOT RELATED	P			
~			INDINGS OF OPER	ATION		20. AUTOPSY?
V OIL AGGIE						YES NO
ZIA. ACCIL	ENT WAS UNDER-		E OF INJURY (e. g., i ı,factory,street,office bldg.,			give exact location)
Z CAUSE OF						
INJURY	(Month) (Day) (Year		E. INJURY OCCURR		INJURY OCCUR?	
			DRK NOT WHILE			
	y certify that I at			195/	, to 2-8, 195	I, that I last saw the
deceased a	live on 2 - 9	_, 19_5 L. and		rea at 12 m.,	from the causes and on t	
23A. SIGNA				3B. ADDRESS	ity Hand	3-8-5
24A. BURIAL.	CREMA- 24B. DATE	240	M. D.   C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town	
Burial	Feb. 11.	1951 Gr	race Methedi	st Cemetery	Falls Rd., Cocke	
DATE RECEIVE	D BY   REGISTRAR	S SIGNATURE		25. FUNERAL DIRE		ADDRESS
FEB 9 19	51 milion	or / Mia	was Alies	John Burns' S	ens, Tewsen, Mar	yland
VS 150	-		. ,		The second secon	0 - 5
			65022			430
			100	0 1 0 0		1/

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## BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO. CERTIFICATI	E OF DEATH Registered No.
	NAME OF DECEASED  ype or Print)  Blanche M. Willey	2. DATE OF 2-7-51
A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore, Md.  FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, if institution; residence a. STATE B. COUNTY before admission)  Md. Dorchester
	OSPITAL OR 1919 Oak Hill Ave. location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Taylors Island And Staylors Township)
-	Length of stay in Baltimore 1 year Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)
	female   6.COLOR OR RACE   7. SINGLE, MARRIED.   WIDOWED, DIVORCED (Specify)   WIDOW	Aug. 17, 1858 82 9. Age (in years of fluider I Year last birthday) Months Days Hours Min.
1C ₩orl	A. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR Adone during moet of working life, even if retired)  housewife home	11. BIRTHPLACE (State or foreign country) Dorchester, Co. Md.
13	Louis J. Horseman	14. MOTHER'S MAIDEN NAME ISabelle Lewis
15 (Ye	(If yes, give war or dates of service)	17. INFORMANT ADDRESS Byron Willey, Taylors Island, Md.
ERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	EBRAL HEMORRHAGE. 4 days.  BRAL ARTERIOSCLEROSIS 2 YRS.  ERAL ARTERIOSCLEROSIS. 10 415.
AL C	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
MEDICA	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about bome, farm, factory, street, office bldg., e  10. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRE	te.) INJURY OCCUR?
	m. WHILE AT NOT WHILE AT WORK	- 1947, to 74- 2, 1957, that I last saw the
	deceased alive on 746, 195%, and that death occur  23x. In NATURE  R. Kleiman  M. D. 3	red at 4 A.m., from the causes and on the date stated above.  3B. ADDRESS  3803 Lammad Im Are 2-8-51
24 TI	Burial 2-11-51 Taylors Isl	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	and Cem.   Dorchester, Co., Md.  25. FUNERAL DIRECTOR  ADDRESS  HOWard H. Hubbard, 2503 Edmondson Av
	VS 150	*3a



250

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1242 Registered No.

BI	RTH NO	15	CER	TIFICATE	OF DEAT	11	
	NAME OF Dype or Print)		izabeth	Line	m	2. DATE OF DEATH	Feb. 5, 1951
	PLACE OF D	City, Maryland (			4. USUAL RESID	ENCE (Where deceased B. CO)	lived. If institution: residence NTY before admission)
HO	FULL NAME OSPITAL OR ISTITUTION		spital or institution, give	street address or location)	c. CITY OR TOWN	(If outside corpor	ate limits, Write RARA rond give
1		204 000	ullack &	Yrs.	D. STREET ADDR	ESS (If/rural, give loga	- 13
C.	Length of	stay in Baltimore	28 ye	Mos. Days	10204	Whitlor	ek St.
5.	emale	Color or RAC	WIDOWED DIN	ORCED (pecify)	narch 1.		years   H Under   Year   H Under 24 Hours   Min.
	done during most	CCUPATION (Give kin tof working life, even if reti		ISINESS OR INDUSTRY	Ham A	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHERS		1:00:		14. MOTHER'S M.	AIDEN NAME	
15 (Ye	. WAS DECEAS	SED EVER IN U. S. AR	MED FORCES? 16. SC dates of service) SE	DCIAL ECURITY NO.	17. INFORMANT	0.1	APDRESS 04
-	1	av and		116	i. Nachai	d Sycan	DI Authority St.
	DISEA	ASE OR CONDITION LEADING TO Des not mean the more	EATH		CINUM		ONSET AND DEATH
	heart fail	lure, asthenia, etc. It r complication which	means the disease,	JE TO	14	brenst.	
z		ANTECEDENT CA	AUSES	(B)			
ERTIFICATION	RISE TO	ES OR CONDITION THE ABOVE CAUSE LYING CONDITION	(A) STATING THE DU	JE TO			
LIFIC		11		(C)			
CERT	TRIBUTIN	SIGNIFICANT CO	BUT NOT RELATED .	JULMON	ary tube	culosis.	4 yrs
7		OF OPERATION	198. MAJOR FINDI	NGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCID HOMICIDE	DENT, SUICIDE, (Specify)	21B. PLACE OF about home, farm, factor	INJURY (e. g., in ry,street,office bldg.,e	or 21c. WHERE tc.) INJURY OCC		e City, give exact location)
ME		(Month) (Day) (Y	ear) (Hour)   21E. IN.	JURY OCCURRE	D 21F. HOW DI	D INJURY OCCUR?	
	FINJURY	(	m. WHILE AT WORK	NOT WHILE			
H		by certify that I alive on 2.4	attended the declar	ed from 2.		to Z. S	_, 19 <b>9</b> that I last saw the nd on the date stated above.
	23A. LIGNA		~ R	BAST	ADDRESS M. D.	e, j rom one owners w	23c. DATE SIGNED 2-7-5/
2.	4A. BURIAL, ON, REMOVAL	CREMA- 24B. DAT	E 249 NA	ME OF CEMETER	BY OR CORMATOR	240 LOCATION (CI	ity town, or county) (State)
	ATE RECEIV		AR'S SIGNATURE	mus 11	15. PHEROCOL	words Jun	untopoletime
	FEB 9	1951	stor Milione	35.5	1651	Druis 6	Will are.
	VS 150		6				50

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1243

Registered No.

1. NAME OF DECEASED (Type or Print) LALA TORDA	N 2. DATE OF JUL. 7 1981
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION Provident Hospital	Bultural 20 - O township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9, AGE Nan years If Under I Year If Under 24 Hours
Famile negro WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE in years if Under I Year lift Under 24 Hours Min.  1
10A. USUAL OCCUPATION vivekind of 10B. KIND OF BUSINESS OR rork done during most of working life, eveo if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MADEN NAME
There It . lane	Wastle Walled
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
ho	Mother Bayd Vandete 432 Pape
DISEASE OR CONDITION DIRECTLY	OF DEATH
(This does not mean the mode of dying, e.g.,	on Glomento!
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	O negleriti
ANTECEDENT CAUSES	lote moth 28 mg
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
II III	USE BUTTON TO THE PROPERTY OF THE PARTY.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in	nor   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	tc.) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
The delig that I attended the account of the	that I last saw the
	red at 7 m., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION REMOVAL Quecity)	rach Buttering Co. Ind.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 MERALCHECTER Suncial Addresse
FEB 9 195 / Lenting or Miliamis, Mil	1681 Druid Hill and.
VS 150	/1

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BALTIMORE CITY HEALTH Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ann arnet DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence OB. COUNTY A. Baltimore City, Maryland A. STAT before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR CITY OR TOWN (If outside corporate limits, write RURAL, and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under 1 Year last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MATOEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnkoown) (If yes, give wer or dates of service) SECURITY NO. anna + INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Meningococcus meningitis injury or complication which caused death.) DUE TO over ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE WHILE AT WORK AT WORK , 195 22. I hereby certify that I attended the deceased from , 195 that I last saw the 5. 5 h., from the causes and on the date stated above. 19 51 deceased alive on and that death occurred at. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-CREMA-24B DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 10 ankewood 25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAM VS 150

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SeeCD Card # 10839 confirming meningococcus meningitis 2/14/1951 ES

Also see Document File 51-1244 2/21/51

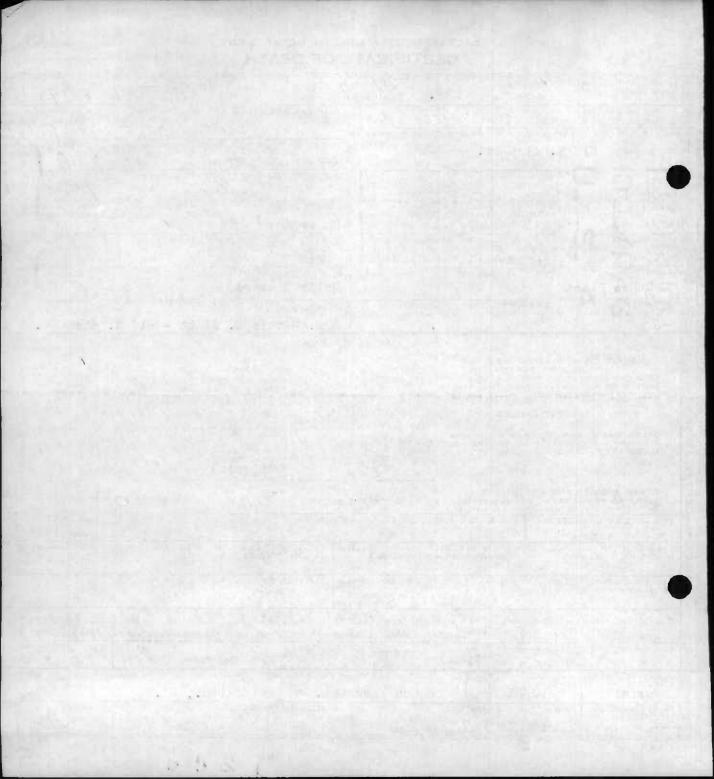
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4	30								
1			BAI	LTIMORI	E CITY HE	ALTH DEPART	MENT	51. 1245	
1	1245			CERT	IFICATI	E OF DEATI	- Registered	No	
	RTH NO.	ED / V			-17	7/	Lo Barre		_
(Ty	NAME OF DECEAS	amu	ie/	P.	Flai		1 == 11111	6. 8.195-1	
	PLACE OF DEATH: Baltimore City, I		Balti	inore	Md	A. STATE	NCE (Where deceased lived, I	f institution : residence before admissio	011
B. F	TULL NAME OF	(If not in hospit	tal or institut	ion, give st		Mary	and Balti	more City	1
	SPITAL OR STITUTION 61	.6 E. 41s	t St.		location)	616 6.	(If outside corporate limit 415/	ts, write RURAL and gi	
	longth of ston in	Daltimon			Yrs. Mos.	D. STREET ADDRE	Sellucy (	8 md	
	Length of stay in	LOR OR RACE	7. SINGL	F MARRIE	Days	8. DATE OF BIRTH		11 Under 1 Year   A Under 24 Ho	nues
1	la/e	White	WIDOV		RCED (Specify)	March 9. 18	last hirthday M	onths Days Hours Mi	
10/	dongdwing most of workin					11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTR	3 Y 7
TPE	etired	Secondary	> choo	/ Rac	Her	Ohio		What cooking	
13.	FATHER'S NAME				- 1	14. MOTHER'S MA	IDEN NAME		
	Matthew Pla	tt				Delia Bazza	rd		
15.	WAS DECEASED EVE	R IN U. S. ARME	D FORCES?	16. 500		17. INFORMANT		ADDRESS	=
(100,	no	on, grid war or gate	ca or service;	SEC	URITY NO.	Mrs. Bettie	E. Platt - 616	E. 41st St.	
	18. 420	1			CALISE	OF DEATH		INTERVAL BETWE	
	1	CONDITION	DIRECTLY					ONSET AND DEA	ATH
		ING TO DEA	TH		Core	nary	Occ/4sicy	13 minu/e	25
	heart failure, astl	enia, etc. It me	ans the diseas	se,					
	injury or compl	leation which	caused deat	h.) DUE		1. F.	C. C.1		
7	ANTE	CEDENT CAU	SES		/	avo[1/15.	Covenary Sche	105/	
RTIFICATION	DISEASES OR C	OVE CAUSE (A)	STATING T	NG	то				
2					Age	brev	ious attac	6	
1		11		(0		-		<u> </u>	
CER	OTHER SIGNIF TRIBUTING TO T TO THE DISEASE	HE DEATH, BUT	NOT RELAT	ED OF	coron	eary Thro	mbosis 1950		
	19A. DATE OF OPE	RATION	198. MAJOR	FINDING	GS OF OPER	ATION		20. AUTOPSY?	TTO.
Y.	_							YES NO	
EDICAL	21A. ACCIDENT, S HOMICIDE (Spe	uicide.			NJURY (e. g., i street, office bldg.,			give exact location)	
Σ	ID. TIME (Month	) (Day) (Year	(Hour)	21E. INJU	RY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
	FINJURY		m	WHILE AT	NOT WHILE				
	22 7 hought and	: f A7 A 7 A	A J - J - J - A	WORK L			1, to Feb. 8, 19	5/ that I last easy t	+ h a
	deceased alive of	Feb 8	195	and that	death ocean	red at 8 "45 Am	from the eauses and on	the date stated above	ne
	23A. SIGNATURE		/ ()	ana mai		3B. ADDRESS	2	23c. DATE SIGNE	
	170	ulus 1	19ta	9901	M. D.		eleremon / UN	1 = 1/5 //	5/
24	A. BURIAL CREMA N. REMOVAL (Specify)	24B, DATE		24c. NAM	E OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town	n, or county) (State	(*)
110	Burial	2/10/5	1	Loud	lon Park	Cem.	Balto., Md.	2	

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR

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~			BALTIMORE CIT	Y HEALTH DEE	PARTMENT		51	1246
	1. 1.2 RTH NO.	246 Berthr		CATE OF DE		Registered 1		
1. (T <sub>3</sub>	NAME OF Poppe or Print	ELEASEB /	6. Hens	mug		2. DATE OF DEATH FE	3 8.	51
Α.		City, Maryland	08 S. newk	UL (4. STATE)	ESIDENCE (Whe	ere deceased lived. If	institution	n : residence efore admission)
	SPITAL OR	OF (If not in hospit	tal or institution, give street add	c. CITYOR	TOWN (If on	tside corporate imit	mondito ID	UDAY and sive
IN	STITUTION		/	151	ille	10	s; willed	township)
			6	Yrs. D. STREET A	ADDRESS (If)rur	ral, give location)	100	2
C.	Length of s	tay in Baltimore		Mos. 308	J M	lwhire	5	1.
	SEX)	6. COLOR OF RACE		8: DATE OF	BIRTH	9. AGE (in years	Under I Year	If Under 24 Hours
	1	10.	widow divorced	446	1810	last birthday) Mo	***	
work	done during most	CUPATION (Give kind of of working life, even if retired)	( 10B. KIND OF BUSINESS INDU	OR IN BIRTHPL	ACE (State or fore	ign country)	12. CITI WHA	IZEN OF AT COUNTRY
12	EATHER'S A	MANAG	1	a	insia			
13.	FATHER'S	0 6 1 -1	-1-1	14. MOTHER	'S MAIDEN NAM	//	0	
15	uao	get a	chaefee			auge	*	
(Yes	, no or unknown)	(If yes, give war or date	D FORCES? 16. SOCIAL SECURITY	NO. MIS C	Lutoni	e Descir	3 ns	Shurlin
	18. / _	6.2	CA	JSE OF DEATH			INTE	RVAL BETWEEN
		SE OR CONDITION			-			
		LEADING TO DEA	of dying, e. g., (A)	arcinom	alosio		4	Meso.
		re, asthenia, etc. It mes complication which						
		ANTECEDENT CAUS	SES					(over)
Z			(B)	***************************************	***************************************	***************************************		
NOIL	RISE TO T	S OR CONDITIONS, I	STATING THE DUE TO					
CA	UNDERLY	YING CONDITION LA		***************************************	***************************************	•••••		
Ē.		11						
RTIFI		II IGNIFICANT COND						
ㅂ.		TO THE DEATH, BUT ISEASE OR CONDITION						
	19A. DATE C	F OPERATION 0 1	19B. MAJOR FINDINGS OF	OPERATION			20.	. AUTOPSY?
DICAL							YES	
EDI		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY about home, farm, factory, street, offi			in Baltimore City,	give exact	t location)
2	ID. TIME	(Month) (Day) (Year	(Hour)   21E. INJURY OC	CURRED 21F. HOV	W DID INJURY C	OCCUR?		
	FINJURY			WORK				
	22. I hereh	y certify that I at:	tended the deceased from		1950 to 5	cel. 8 , 195,	that I	last saw the
	deceased a	live on Feb 8	_, 1957 and that death	oecurred at 12:00	Pm., from the	eauses and on t	he date	stated above
	23A. SIGNA	TURE		23B. ADDRESS		E 216	23c. D	
		acles D. Ma		D. 2900 E	Bellinon	e 27 T	1-26	9,1951
24	BURIAL (S	CREMA 24B. DATE	12-1/01/19	EMETERY OR CREMA	TORY 240 900	ATION (City) town	, or county	y) (State)
	una	1 4/10		un	pa	en our	d.	
LO	TE RECEIVE	RAR REGISTRAR	SSIGNATURE	25) FUNERA	DIRECTOR	/ /	ADDRE	iss n
	FR 9 1	951 Lintie	SAL [ BANGOLD LICEN	Vaul a	" Welle	aun (006)	18a	y Rd
	VS 150	(1)	2,1-				6	1115
1			1 Quelling line	0 0 0 1	211			461

Trao There in deceased; clinical history any indication Jepotable premay site of the maleginary?

"no indication in deceased's clinical history of primary site"

"Liver, probable site at death" (secondary)

See Document File 51-1246 2/19/51 ES

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correct age is especially important, this science,

#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 57-02790 CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)  JANET DARLENE	BORKOWSKI 2-8-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)  Bon Secours Hospital	C. CITY OR TOWN (If outside corporate limits, write RUR) L and give township)  BALTIMORE
Yrs. Mos. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)  6430 0' Donnell ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year If Under 24 Hours
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
JULIAN Loseph BORKOWSKI	Theresa MARY ZABROWSKI
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT  Box Losselle II.
18. 7600 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)  DUE TO	cramil hemorhage
ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	a trauni
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF PF INJURY NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 2	2-8 , 1957, to 2-9-51, 19 , that I last saw the
deceased alive on 2-9, 19 5/, and that death occu	erred at 1 P. m., from the causes and on the date stated above.  232 ADDRESS 23c. DATE SIGNED
24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE, 4	123. FUNERAL DIRECTOR ADDRESS )
LOCAL REGISTRAR	John M. Weber 401 S. Chester Street
FEB 450 1951	160a

THE RESERVE OF THE PROPERTY OF THE PARTY OF

25. FUNERAL DIRECTOR

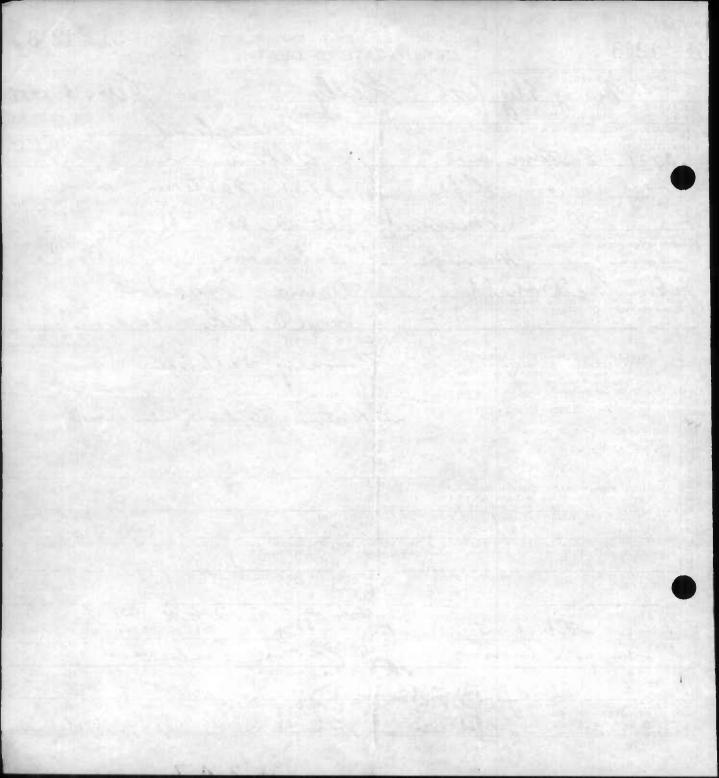
ADDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



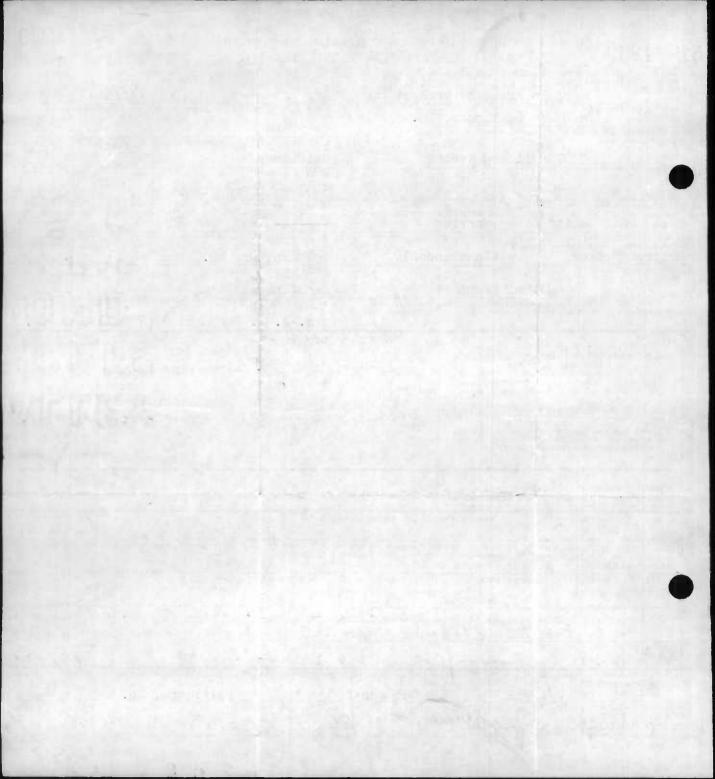
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1249

Registered No ... BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF John Francis Everhart DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. B. COUNTY A. STATE before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, RURAL and give INSTITUTION township) 3307 Guilford Avenue Baltimore D. STREET ADDRESS (If rural, give location) 60 Yrs. Mog 3307 Guilford Avenue c. Length of stay in Baltimore Days 9. AGE (In years If Under I Year If Under 24 Houss last birthday) Months; Days Hours Min. 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 80 Male White Married 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Retired Broker Insurance Westminster, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Everhart Caroline Yingling 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. J. F. Everhart 3307 Guilford Ave. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE WORK 195 to Fib 8 19 that I last saw the 22. I hereby certify that I attended the deceased from 19 5 and that death occurred at\_ 1 m., from the causes and on the date stated above. deceased alive on The 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24B, DATE Burial New Cathedral Baltimore, Md. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE atterior Milliams, Man LOCAL REGISTRAR

VS 150

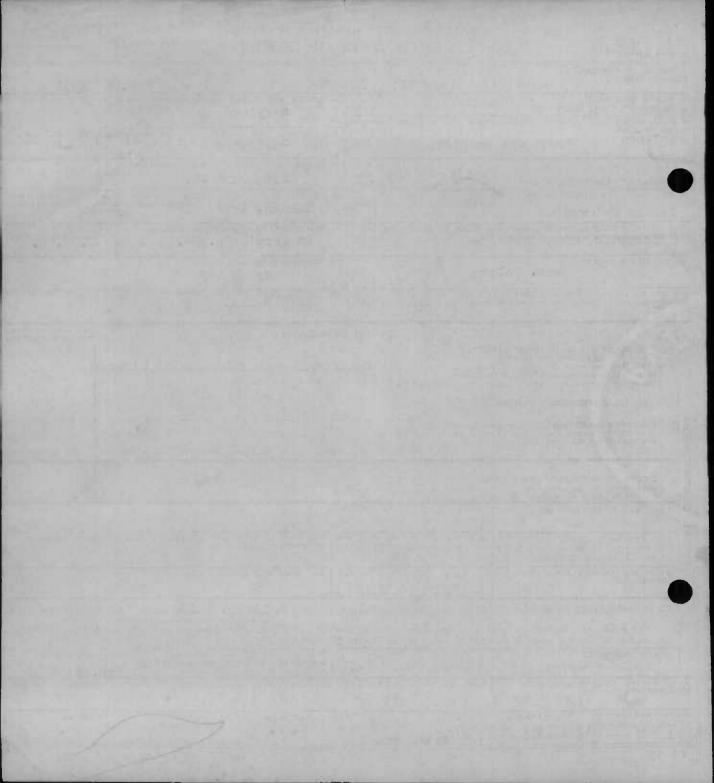
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

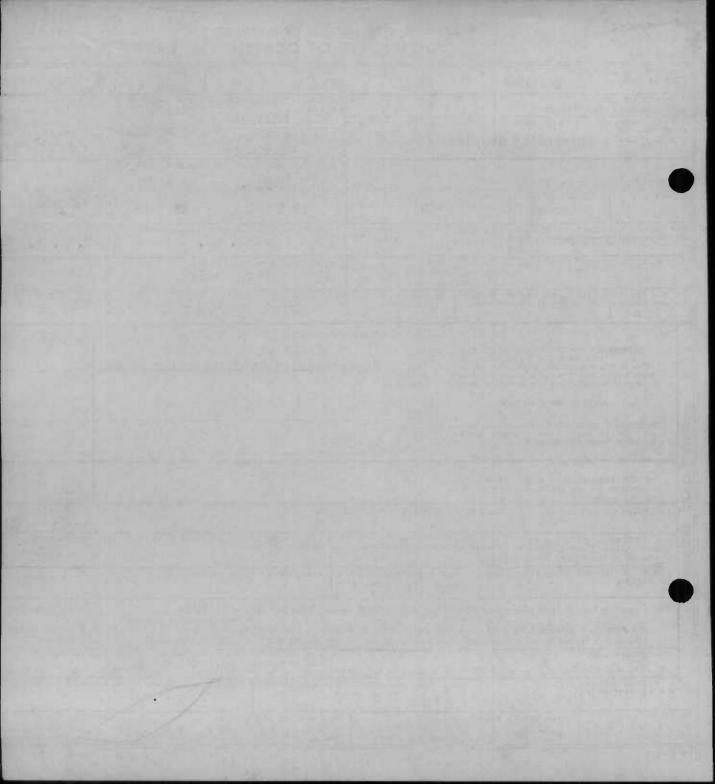
Registered No. 1250

Direction 140						
1. NAME (Type or Pi	of deceased MANU	ETTA (MINNI	E) TOLSO	ON	of beath Feb.	8, 1951
	of DEATH: ore City, Maryland		Α	. USUAL RESIDENCE (W. STATE Maryland		
HOSPITAL INSTITUTI	OR	alorinstitution, give str t Hospital	losstin- \	CITY OR TOWN (If Daltimore	outside corporate li hit	s, write RURAL and give township)
ength	of stay in Baltimore	LIfe	Yrs. Mos. Days	street address (เก๋) 2233 Brunt		
5. SEX Femal	6. COLOR OR RACE	7. SINGLE, MARRIE WIDOWED DIVOR	CD. 8 RCED (Specify) 8	Mar 28, 1899		f Sader I Year H Under 24 Hours Onths Days Hours Min.
10A. USUA work done during	L OCCUPATION (Give kind of general of working life, even if retired)	10B. KIND OF BUSI	NESS OR 1	St Nary's Co.	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHE	Chas. To	olson	14	4. MOTHER'S MAIDEN NA Lucy Whale		
15. WAS DE (Yes, no or unk	CEASED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? 16. SOC	IAL URITY NO.	7. INFORMANT Lewis Farmer 2	233 Brunt st	DDRESS
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  CHOCKET AND DISEASE  (A) Hypertensive Cardiovascular Disease  (B)  DUE TO  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
U 19A. DA	TE OF OPERATION 1	BB. MAJOR FINDING	S OF OPERAT	ION		20. AUTOPSY?
UNDER	TERNAL CAUSE WAS LYING   OR CONTRIB-   CAUSE OF DEATH.	218. PLACE OF IN. about home, farm, factory, st	JURY (e. g., in or treet, office bldg., etc.)	21c. WHERE DID (If	in Baltimore City, g	
	ME (Month) (Day) (Year) URY	(Hour)   21E. INJUF m.   WHILE AT   WORK	NOT WHILE AT WORK	21F. HOW DID INJURY	OCCUR?	
the	pertify that I took char e evidence obtained by d death in my opinion GNATURE	said Autopsy, Insp	ection or Ing	Autopsy, Induiry, find that said deal, accident , suicide   23B. CHIEF MEDICAL E ASSISTANT MEDICAL E	nspection or Inquiry $ccased$ $died$ on $th$ $\Box$ , $homicide$ $\Box$ , $u$ $XAMINER$ $\Box$ 23 $\Box$ $\Box$ $\Box$ $\Box$	ndetermined □.  c. DATE SIGNED
24A. BURI.	AL, CREMA 24B. DATE AL (Specify) 2/12/	51 24c. NAME	of CEMETERY	MEDICAL INVESTIGATO OR CREMATORY 24d. LO	DR □   P'	eb. 8, 1951 or county) (State)
DATE RECE	GISTRARY	SIGNATURE	25	Geo. G. Velson	1303 Preset	ADDRESS
V S 151	â.	7 2	161	Bev. ld.	Kelson	02011



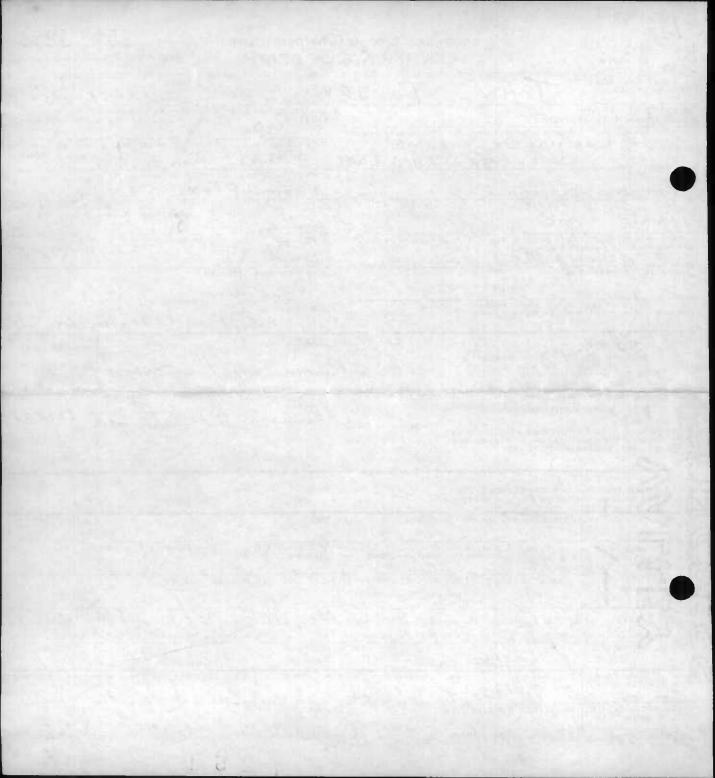
## BALTIMORE CITY HEALTH DEPARTMENT

Si.	BIRTH NO.	CATI	E OF DEATH	Registered No				
:	1. NAME OF DECEASED		2. DATE					
	(Type or Print) CHARLES	STEVENS	OF Feb. 8	3, 1951				
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W.	here deceased lived, If in	stitution : residence before admission)				
	B. FULL NAME OF (If not in hospital or institution, give street add HOSPITAL OR	Maryland		· M				
	INSTITUTION University Hospital	c. CITY OR TOWN (If o	outside corporate limite,	write RURAL and give				
		Dalumore D. STREET ADDRESS (if r	ural, give location)	-01				
	ength of stay in Baltimore	2019 N. Sma						
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH	9 AGE (In venrs II Ho	nds: 1 Year   H Under 24 Hours hs: Days   Hours   Min.				
	Male Colored WIDOWED, DWORCED	(Specify)	1901	49 birthday) Mont	ns Days Hours Min.			
	10A. USUAL OCCUPATION (Give kind of the control of	11. BIRTHPLACE (State or for Balto. Md		2. CITIZEN OF WHAT COUNTRY				
	13. FATHER'S NAME ?	14. MOTHER'S MAIDEN NAME Sara Gails						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) ?	NO.	17. INFORMANT Blanche Thomp	son 1104 The	cress toost St			
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		ertensive Cardiova	iscular Diseas	S e			
1	TO THE DISEASE OR CONDITION CAUSING IT							
ш	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF	ATION		20. AUTOPSY?				
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office UTING CAUSE OF DEATH.		in Baltimore City, give	YES NO X				
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  WHILE AT NOT WHILE AT NOT WHILE AT WORK							
	22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural of 23A. FIGNATURE  24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CE	n or I	Antopsy, In antopsy, In an antopsy, In an antopsy, In an antopsy in a suicide [	nspection or Inquiry ceased died on the , homicide , uncomment , u	dctermined [].  DATE SIGNED  b. 8. 1951			
1	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR		25. FUNERAL DIRECTOR	la an	ADDRESS			
	VS 103		sev. 18./ll	2000	an and			
11	V S 151 690	42	130	3 messi	935			



5 B	200 1 125 IRTH NO.	2				LTH DEPARTME OF DEATH	NT	Registe	51 red No	12	52
(7	NAME OF D Type or Print)	ECEASED TO	4 N	Po	SE	Y	2	OF 7	EB,	6. 195	-/
Α.		City, Maryland			_ A	. USUAL RESIDENCE	E (When			itution : resid	
B. H	FULL NAME OSPITAL OR ISTITUTION	BAR WIL	3 A	on, give street addr	ess or	CITY OR TOWN	(If out	side corporate	limits, w	nite RURAL	and give
1	0	2101	colds	SPRING L	AWE	BAL					waship
					Yrs. D	STREET ADDRESS	-		-	211	
_	Length of s	tay in Baltimore	7 SINGLE	MARRIED,	Days	1310 U1		. AGE (In yes		1 Year   II Und	04.0
	MALE	COL	WIDOW	ED, DIVORCED (S	pecify)	William				Days Hour	let 24 Hours rs Min.
10	k done during most	CUPATION (Give kind of working life, even if retired)	10в. KIND	OF BUSINESS C	R 1	1. BIRTHPLACE (State	or forei	gn country)	12.	CITIZEN C	
13	3. FATHER'S N	and agripped	u m	n Know	_	Unknow				1. S. A	£ .
		7 . / 4	our		1	4. MOTHER'S MAIDE					
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	1	7. INFORMANTO	Orus	~	ADDR	Fee	
(Ie	s, no or unknown)	(If yes, give war or dates	of service)	SECURITY N	10.	Mrs. John	Hone	20 - 13	15 4	~1	-So
ICATION	(This does heart failu injury or DISEASES	SE OR CONDITION LEADING TO DEAT not mean the mode ore, asthenia, etc. It mean complication which complication is complication.	'H f dying, e.g. ns the disease aused death. ES ANY. GIVING STATING THI	(B)	Re	inoma dy clim 5	f St Me	igm. laxla	is	ONSET AND	Car
CERTIFICA	TRIBUTING TO THE DI	II IGNIFICANT CONDI: TO THE DEATH, BUT SEASE OR CONDITION	CAUSING IT					lle ce			
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							20. AUTO	PSY7		
<b>AEDICAL</b>	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., in or large of long) (If in Baltimore City, give of linguistic control of linguist								exact location		
	P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?										
	m. WHILE AT NOT WHILE AT WORK										
	22. I hereby certify that I attended the deceased from 2 / , 195/, to 2/b , 195/ that I last saw the								aw the		
	deceased al		, 19. L. a	nd that death o		d atm., fro	om the	lauses and			
	Total All	11-11	Jac	Kun M. C		600-11-	lu	excep le	w an	- VII	ST
TI	AA. BURIAL, C	REMA- 24B. DATE pecify; 2 - 9-	1951	AC. NAME OF CEN	METERY	OR CREMATORY 24	D. LOCA	ATION (City,	town, or c	ounty)	(State)
	ATE RECEIVE		SIGNATUR	RE	1 25	melly Constitution of the state	OR	imuse	9/1	DRESS	d
L	DCAL REGIST	KAR			11	1 0	'	1	0	1/ 1	

a. Levely 661 abot Barre



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DATE RECEIVED BY

LOCAL REGISTRAR

7208A

ADDRESS

See Document File 51-1253
Letter from Assistant Medical Examiner Stanley H. Durlacher
authorizing correction of death certificate as originally filed
3/13/1951 ES

7. SINGLE, MARRIED, WIPOWED, DIVORCED (Specify)

16. SOCIAL

DUE TO

WHILE AT WORK

SECURITY NO.

Married.

Mos.

Days

INDUSTRY

51	1254
NTO	

Registered No ... 4. USUAL RESIDENCE (Where deceased lived, if institution; residence B. COUNTY before admission) Alf outside corporate Maits, webe RURAL and give township) D. STREET ADDRESS (If rural, give location) 9. AGE (In years II Under ) Year If Under 24 Hours last birthday) Months; Days Hours; Min. May 30 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME ADDRESS INTERVAL BETWEEN ONSET AND DEATH 198 MAJOR FINDINGS OF OPERATION 20 AUTOPSY 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? , 1950, to 7e . 1932, that I last saw the 23c. DATE SIGNED

22. I hereby certify that I attended the deceased from Dec 21 deceased alive on Deb and 195 and that death occurred at 3: 17 Dm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS

25. FUNERAL DIRECTOR

24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 248, DATE 24D. LOCATION (City, town, or county) Woodlawn Burial WoodYawn,

LOCAL REGISTRAR G. Howard Strong 3207 W. North Ave. with your Hilliams

VS 150

REGISTRAR'S SIGNATURE

ID. TIME (Month) (Day) (Year) (Hour)

c. Length of stay in Baltimore

work done during most of working life, even if retired)

13. FATHER'S NAME

18. 4 20 ..0

6. COLOR OR RACE

(e. mo or unknown) (If yes, give wer or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

H OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE,

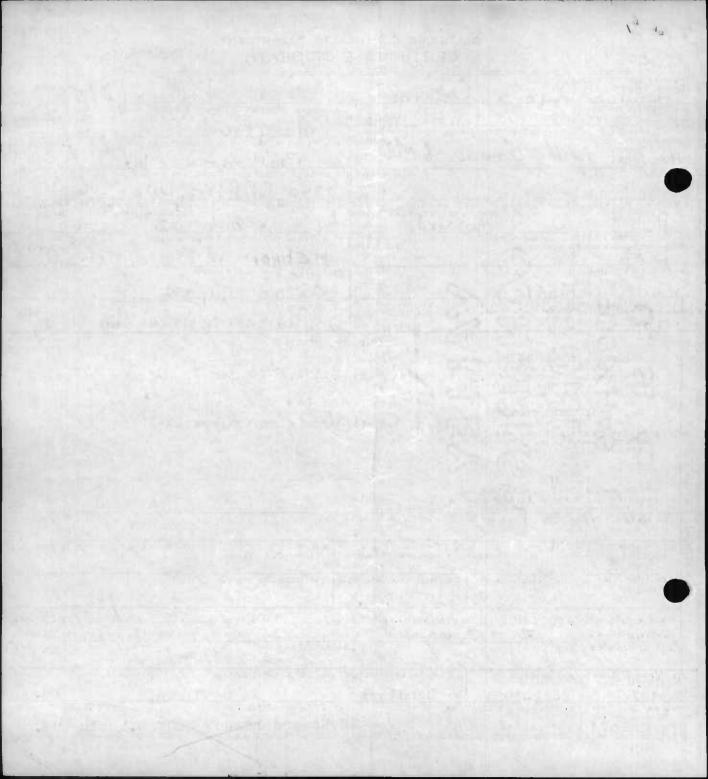
HOMICIDE (Specify)

DATE RECEIVED BY

10A. USUAL OCCUPATION (Givekiodof) 10B. KIND OF BUSINESS OR

5. SEX

ADDRESS



36	1255
BIRTH	NO.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) PETERSON DEATH February 8, 19 CLARENCE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1329 N. Eden Street Baltimore o. STREET ADDRESS (If rural, give location Yrs. Mos. 1329 N. Eden Street ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. WIDOWED, DIVORGED (Specify) male colored 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during nost of working life, even if retired) WHAT COUNTRY? HER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (over) (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES (B) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING TI CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT 22. I certify that I took charge of the remains described above, held an . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \otin\), accident \( \subseteq\), suicide \( \subseteq\), homicide \( \supseteq\), undetermined \( \supseteq\). 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-PRONOREMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

The feeling was that it probably was cancerous"

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

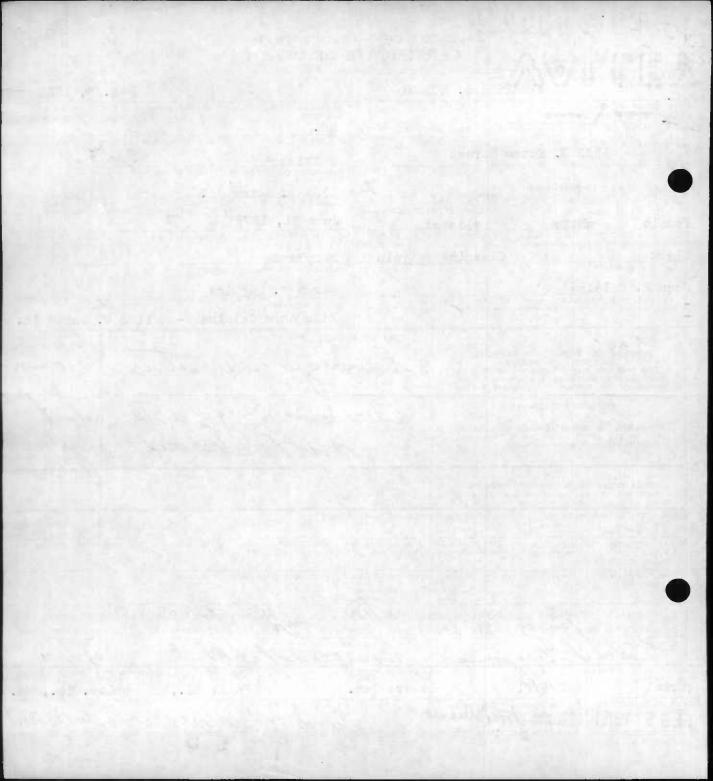
51. 1256

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) KATHERINE S. EUBANK OF Feb. 7, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1123 N. Eutaw Street township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 1123 N. Eutaw St. 5. SFX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours: Min. June 21, 1879 female widowed 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Clerk Cleaning & Dyeing Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John F. Coleine Sarah E. Maguire 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(You, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Miss Anne Coleine 1123 N. Eutaw St. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO X 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK deceased alive on far 24, 1951. and that death occurred at 53/Am., from the care , 1951, that I last saw the Am., from the causes and on the date stated above. 23c. DATE SIGNED head ou 2802 Har was rano 7/51 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY I 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Saters Cem. Falls Rd. Balto. Co., Md. REGISTRAR'S SIGNATURE DATE RECEIVED BY ADDRESS 25 FUNERAL DIRECTOR

VS 150

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#### 955 1257 BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

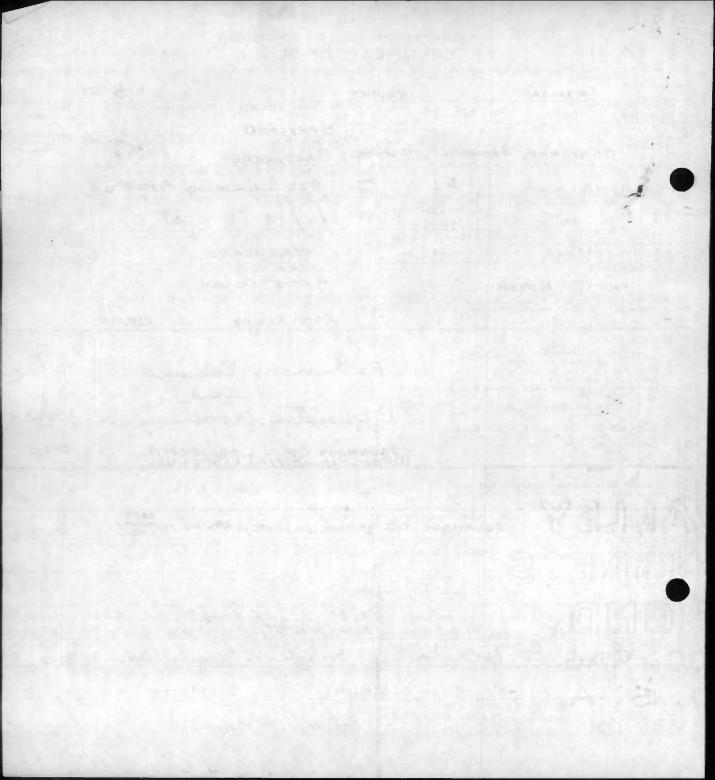
51 1257 Registered No.

E	IRTH NO.								
(	. NAME OF DE Type or Print)	SC	PHIA PI	ERNIZ		2	OF Feb	7, 195	1
A	. PLACE OF DE . Baltimore Ci . FULL NAME O	ty, Maryland	123 McI	Elderry St.	4. USUAL RESID		e deceased lived, I B. COUNTY		esidence admission
H	OSPITAL OR NSTITUTION	e (ii not in nosp	ital or institu	ation, give street address or location)		•	side corporate im	its, write KURA	AL and give township
(	Length of sta	ay in Baltimore	67 J	Yrs. Mos. Days	D. STREET ADDR		erry St.		
5	. SEX	6. COLOR OR RACI		LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRT	Н 9.	AGE (In years) last birthday) M	# Under 1 Year   II	Under 24 Hours
	emale	white	V	vidowed	May 25, 1878		72		2
WOI	housew		at hon	ID OF BUSINESS OR INDUSTRY	Czechoslo		n country)	12. CITIZEN WHAT C	OF
1:	3. FATHER'S NA	unknow	n		14. MOTHER'S M.	unkno			
1: (Y	5. WAS DECEASED	EVER IN U.S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs.Mary Dec	ckelman,	daughter	above	
ERTIFICATION	heart failure injury or of A DISEASES RISE TO TH UNDERLY!	not mean the mode e, asthenia, etc. It m complication which INTECEDENT CAL OR CONDITIONS, E ABOVE CAUSE (A NG CONDITION II GNIFICANT CONITO TO THE DEATH, BU	eans the disercaused dear JSES  IF ANY, GIV.) STATING AAST.  DITIONS COT NOT RELA	(C)	treoscluó Penel Se te Mys	eeda	lfarlur	e 28	Hous
U		OPERATION		R FINDINGS OF OPER	ATION				TOPSY?
EDICA	2 IA. ACCIDEN HOMICIDE	IT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i		DID (If in	Baltimore City,	yes	NO Lation)
ME	F INJURY	Ionth) (Day) (Yea	r) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DIE	O YAULNI C	CCUR?		
	deceased alin	ve on ter. 6		e deceased from A					
	23A GIGNATU	es Kin	en	M. D.	24136	Money	ment st	23c. DATE	SIGNED 5
Z TI	4A. BURIAL, CR ON REMOVAL (Spe BUTIAL	reb.10,	1951	Holy Redeemer			clair Rd.		(State)
	ATE RECEIVED OCAL REGISTR		SIGNAT	Haus, M.	Schimunek 2601-3-5 E	RECTOR Funeral	Home, Inc		
	VS 150					2.5		1310	

1	cd Ch	IEramina	ers case			
	TH NO!		ta) BALTIMORE CIT	TY HEALTH DEPART CATE OF DEAT	MENT H Regis	stered No. 1258
1. N.		DECEASED A	n. mlora	ka	2. DATE OF	F.D
А. В	LACE OF C altimore	City, Maryland	Acc, R.	A. STATE	ENCE (Where deceased B. COU	
HOS	PITAL OR	SONAS AOPRID	1	c. CITY OR TOWN	(If outside corpor	ate limits, write RURAE and give township)
0	ength of	stay in Baltimore	46 yrs.,	Yrs. D. STREET ADDRI	TE	
5. SE		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED Married	(Specify) 8. DATE OF BIRTH	H 9. AGE (in )	years Months Days Hours Min.
vork do	ne during most	CCUPATION (Give kind of tof working life, even if retired	Glidden Paint C	OR 11. BIRTHPLACE (S	State or foreign country)	WHAT COUNTRY?
43 <u>0</u> 2	ATTERS	Namet Operator Casimer M		14. MOTHER'S MA Unknow	AIDEN NAME	I U.S.
15. W (Yes, no	o or unknown)	ED EVER IN U.S. ARME (If yes, give war or dat) W.W. 1	D FORCES?   16. SOCIAL SECURITY   217-07-92	NO. 17. INFORMANT		ADDRESS
CERTIFICATION	DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which  ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L  SIGNIFICANT CONDITION TO THE DEATH, BUT USEASE OR CONDITION	of dying, e. g., ans the disease, caused death.)  SES  F ANY, GIVING STATING THE AST.  (C)	CERTIFICATION AI	PPROVED BY Shem D.  CAL EXAMINER.	Liner
19			98. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
4	IA. ACCID YING OI AUSE OF	DENT WAS UNDER. R CONTRIBUTING DEATH	21B. PLACE OF INJURY about home, farm, factory, street, office	(e. g., in or complete bldg., etc.) 21C. WHERE D INJURY OCCUP		City, give exact location)
21	ID. TIME	(Month) (Day) (Year	WHILE AT NOT	CURRED 21F. HOW DID	INJURY OCCUR?	
de	2. I hereb eceased al BA. SIGNAT	live on 3-0-8	tended the deceased from 1951. and that death	occurred atm.,	, to D. A. from the causes and S NOPKINS KOSPITE	, 19, that I last saw the d on the date stated above.
rion, r Bu	BURIAL C REMOVAL (S 1rial	2/12/51		National Cem.	24b. LOCATION (City Frederick Av	y, town, or county) (State) Te, Gatonsville
LOCA FF	RECEIVE REGIST	D BY RECISTRAR	SEIGNATURE	Schimunek Fun	ECTOR 2601-03-05 neral Home Inc	H Madison St
	vs 150 el-t	ificated	to be app	SOUR		xaminer94a

Strail merges Richard Sen Marin and the Bri THE BUILDING The Alberta Contract of

Length of stay in Baltimore  S. SEX  G. COLOR OR RACE  MIDON DAYS  S. SEX  G. COLOR OR RACE  MIDOWED, DIVORCED (Specify)  Single  10A. USUAL OCCUPATION (Givekind of working life, even if retired)  Janitor Retired  Tactory  13. FATHER'S NAME  JOHN T. KNIGHT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  SAME  CAUSE OF DEATH  DALTIMORE  D. STREET ADDRESS (If rural, give location)  8. DATE OF BIRTH  G. B. DATE OF BIRTH  G	)3				
1. NAME OF DECEASED (Type or Print)  WILLIAM  KNIGHT  2. DATE OF DEATH 2-8-51 DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore B. FULL NAME OF HOSPITAL OR INSTITUTION  MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and towns)  MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and towns)  BALTIMORE  D. STREET ADDRESS (If rural, give location)  BALTIMORE  D. STREET ADDRE					
3. PLACE OF DEATH:  3. PLACE OF DEATH:  4. USUAL RESIDENCE (Where deceased lived. If institution: residence in the second					
A. Baltimore City, Maryland Baltimore  B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR INSTITUTION  TARYLAND GENERAL HOSPITAL  Yrs.  Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)   Single    10A. USUAL OCCUPATION (Givekindof working life, even if retired)   Tactory    10A. USUAL OCCUPATION (Givekindof Janitor Retired)   Tactory    11. BIRTHPLACE (State or foreign country)    12. CITIZEN OF WHAT COUNT    WHAT COUNTY    B. COUNTY    CITY OR TOWN (If outside corporate limits, write RURAL and I town is the surface of service)    COUNTY    COUNTY    B. COUNTY    COUNTY    COUNTY    COUNTY    B. COUNTY    COUNTY    COUNTY    B. COUNTY    COUNTY					
HOSPITAL OR INSTITUTION  TARY LAND  GENERAL  HOSPITAL  STREET  Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  VIDOWED, DIVORCED (Specify)  Single  10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Janitor Retired  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  ANNIE DOLAN  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  16. SOCIAL  17. INFORMANT  ADDRESS  18. / 6 × X  CAUSE OF DEATH  C. CITY OR TOWN  (If outside corporate limits, write RURAL and towns towns)  (If outside corporate limits, write RURAL and towns!  BALTIMORE  D. STREET ADDRESS (If rural, give location)  8. DATE OF BIRTH  9. AGE (In years limits) Months: Days Hours: Mo					
Length of stay in Baltimore  Length of stay in Length of State of Langth of Langth of State of Langth of	d civo				
Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  WIDOWED, DIVORCED (Specify)  10A. USUAL OCCUPATION (Givekind of working life, even if retired)  Janitor Retired  13. FATHER'S NAME  JOHN T- KNIGHT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  16. SOCIAL SCURITY NO.  17. INFORMANT  ADDRESS  ADDRESS  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  ADDRE	na give vnship)				
10A. USUAL OCCUPATION (Give kind of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT WARYLAND  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  SAME  18. / 6 **  CAUSE OF DEATH  INTERVAL BETWI					
WIDOWED, DIVORCED (Specify)  Single  10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  Janitor Retired  13. FATHER'S NAME  JOHN T- KNIGHT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  16. SOCIAL SECURITY NO.  17. INFORMANT  SECURITY NO.  18. / 6 x x  CAUSE OF DEATH  Whoths: Days Months: Days Hours Mande of service of se	7.0				
Janitor Retired  Tactory  MARYLAND  WHAT COUNT U.S.A  13. FATHER'S NAME  JOHN T- KNIGHT  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)  (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.  The secu	24 Hours Min.				
Janitor Retired "actory"  13. FATHER'S NAME  JOHN T- KNIGHT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. FMAN KNIGHT  18. / 6 x X  CAUSE OF DEATH  INTERVAL BETWI					
JOHN T- KNIGHT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service)  16. SOCIAL SECURITY NO. EMMA KNIGHT  18. / 6 x X  CAUSE OF DEATH  INTERVAL BETWI	1				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT ADDRESS  SAME  18. / 6 ** X*  CAUSE OF DEATH	1				
18. /6 2 X CAUSE OF DEATH					
18. 16 2 X CAUSE OF DEATH INTERVAL BETWI					
	TWEEN				
DISEASE OR CONDITION DIRECTLY					
(This does not mean the mode of dying, e.g., (A) Pulmonary Edema 12 by	rs				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
ANTECEDENT CAUSES					
Z DISEASES OR CONDITIONS, IF ANY, GIVING (B) Clipersless Freeman 2783	30				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(BRONCHIO GENIC), LEFT LUNG	<b>)</b>				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2/7/51 19B. MAJOR FINDINGS OF OPERATION SQUAROUS CELL (BRONG HIGGENIC) CARCHOMA LONE YES NO 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID LYING OR CONTRIBUTION About home farm factory street office bldg. etc.) INJURY OCCUR?					
W CALISE OF DEATH					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	100				
m. WHILE AT NOT WHILE AT WORK	100				
22. I hereby certify that I attended the deceased from 1/31, 1951, to 2/8, 1951 that I last saw	100				
deceased alive on 2/8, 19 51, and that death occurred at 4:458m., from the causes and on the date stated about	w the				
23A. SIGNATURE & Herold M.D. 23B. ADDRESS Level Hosp. 218/51	w the				
TION, REMOVAL (Specify)	w the				
Burial 2-12-51 New Cathedral Baltimore Md.	w the				
LOCAL REGISTRAR	w the above.				
VS 150 VS 150	w the above.				



153	BALTIMORE CITY HE	EALTH DEPARTMENT	r Registered N	51 1260	
BIRTH NO.  1. NAME OF DECEASED (Type or Print)			2. DATE OF 2/2	/	
3. PLACE OF DEATH:	1805a 3. A.	4. USUAL RESIDENCE	DEATH /	institution: residence before admission	
HOSPITAL OR	r institution, give street address or location)	c. CITY OR TOWN	lf outside corporate limit	swrite RURAL and gi	
ength of stay in Baltimore	yrs. Mos.		If rural, give location)	· <del>/</del>	
5. SEX   6. COLOR OR RACE   7.	Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   N Under 24 Hounths Days Hours Mir	
10A. USUAL OCCUPATION (Give kind of 10 work done during most of working life, even a retired)	DB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTR	
13. FATHER'S NAME Hunt		14. MOTHER'S MAIDEN	rets		
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, up or takhown) (If yes, give war or dates of s	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mary abendsh	our bornge	on At	
DISEASE OR CONDITION DIF  (This does not mean the mode of divident failure, asthenia, etc. It means to injury or complication which cause anticolor of the complete of the com	lying, e. g., (A)		C. Udisias.	e	
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	T RELATEO				
U 19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER			YES NO	
UNDERLYING OR CONTRIB.	21B. PLACE OF INJURY (e. g., in sout home, farm, factory, street, office bldg., e		(If in Baltimore City, g	rive exact location)	
Z 210. TIME (Month) (Day) (Year) (Ho	DUT) 21E. INJURY OCCURRI	ED 21F. HOW DID INJUI	RY OCCUR?		
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion, resulted from: natural causes , accident , suicide , homicide , undetermined .					
23a. SIGNATURE	Unin Ri 1 24C. NAME OF CEMETE	23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER	c. DATE SIGNED 2-951 or county) (State)	
TION GEMOVAL (Specify) Feb. 127th,	1951 Holy Gros	a lane. a	. a. bo. M	di	
LOCAL REGISTRAR FEB 9 195	MULANIA, ALT	B. G. Harle	121 L. W.	address /	

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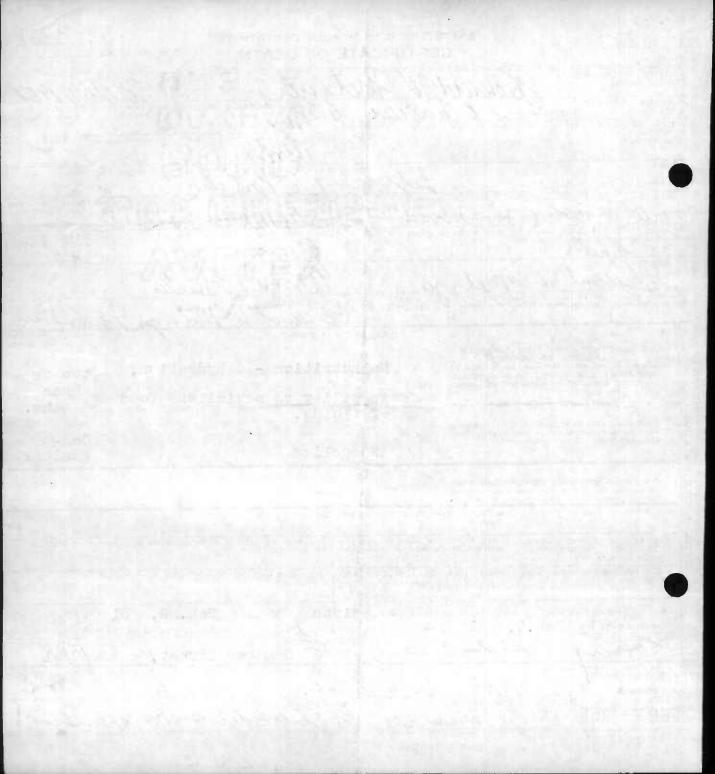
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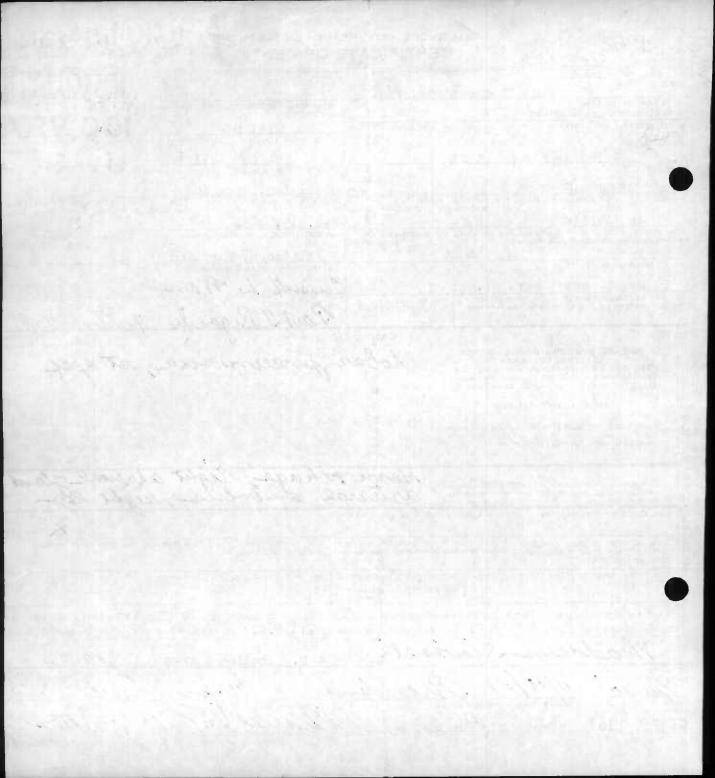
# Metzger

1 1261		BALTIMORE CITY	HEALTH DEPARTMENT		1261
BIRTH NO.		CERTIFICA	ATE OF DEATH	Registered N	0
1. NAME OF DEC (Type or Print)	EASED 80	ward IV. On	utraer gr	2. DATE OF DEATH	11.9.1951
A. Baltimore City	y, Maryland	& host cler	USUAL RESIDENCE (V	Where deceased lived, If in	nstitution : residence before admission
B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital o	r institution, give street address locat		outside corporate limits,	
<u> </u>			(B11/20	- 45	write KURAL and gr
Length of stay	, in Poltimone	1.11 M	rs. D. STREET ADDRESS (If	4 .	
		SINGLE, MARRIED.	8 DATE OF BIRTH	9. AGE (In years)	Index I Year   If Undex 24 Hor
Male	Whit	Buld (Spe	111111/937	13	ths Days Hours Mi
10A. USUAL OCCU	orklow life, even if retired)	DB. KIND OF BUSINESS OF		oreign country)	WHAT COUNTR
13. FATHER'S NAM	ad M. M	retzgu.	14. MOTHER'S MAIDEN NA	Leisler	
(Yes, oo or uoknown)	EVER IN U. S. ARMED FO	PRCES? SOCIAL SECURITY NO	DUNFORMANT WY	net was 7:	9 Jusque
18. 375.	1		E OF DEATH		INTERVAL BETWEE
DISEASE	OR CONDITION DIF EADING TO DEATH t mean the mode of d		nutrition - dehy	rdno+ton	
neart failure, a	asthenia, etc. It means t mplication which caus	he disease, ed death.) DUE TO			two-or-
	TECEDENT CAUSES		ability to assimi	llate food	months.
DISEASES OF	R CONDITIONS, IF AN	Y, GIVING	fluids.		
DISEASES OF RISE TO THE UNDERLYING OF THE SIGN TRIBUTING TO	G CONDITION LAST.		ngolism		Con- genital.
L -	11		3,223		goilt dat.
OTHER SIGN TRIBUTING TO TO THE DISEA	VIFICANT CONDITION THE DEATH, BUT NOT USE OR CONDITION CA	RELATED			
19A. DATE OF C	PERATION 0 198.	MAJOR FINDINGS OF OF	PERATION		20. AUTOPSY?
" CAUSE OF DEA	ONTRIBUTING   ab	21B. PLACE OF INJURY (e. out home, farm, factory, street, office bl	g., io or 21c. WHERE DID (1: dg., etc.) INJURY OCCUR?	f in Baltimore City, giv	YES NO
ZID. TIME (Mor	nth) (Day) (Year) (Ho	WHILE AT NOT WH	ILE	OCCUR?	
22. I hereby co	ertify that I attend	m.   WORK  AT WO	birth , 19 , to I	Peh. 9 1057	that I last one ti
deceased alive	on_Feb.7,1	951, and that death oc	curred at \$4. m., from th	ie causes and on the	date stated abov
284 STGNATUR	ry Dei	bel M.O.	1226 Hanover S	Street.	2/9/51
24A. BURIAL, CREI	MA 24B. DATE	24C. NAME OF CEME	TERY OR CREMATORY 240. LC	OCATION (City, town, or	1.
DATE RECEIVED B	Y REGISTRAR'S S	1951 Juni J	25. FUNERAL DIRECTOR	146	DDRESS
FEB G 19		Miliams, MM	a. Journ 8	1400SB	hubor
VS 150	id.				



17	160	1					
and he	1262	2	BA		EALTH DEPARTMENT		51 1262
В	IRTH NO.	51-01122		CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF D					2. DATE	
	PLACE OF D	Paul	homas	Rigor, 2nd.	Il a tigues proposición ()	DEATH Feb	8, 1951
Α.	Baltimore (	City, Maryland			4. USUAL RESIDENCE (	B. COUNTY	f institution: residence before admission
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institu	ion, give street address or location)		f outside carporate limi	its, write RURAL and giv
111	NSTITUTION	t. Joseph's H	aeni ta			illston	township
	VIII T	f. medari	natir ra	Yrs.	o. STREET ADDRESS (If		
		tay in Baltimore		Mos. Days	Fallston, Mary	land	200
5	. SEX	6. COLOR OR RACE	7. SINGL WIDOV	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths: Days Hours: Min
10	Male	White CUPATION (Givekind of	Singl		Jan. 15, 1951		24
wor	k done during most o	of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	None B. FATHER'S N	NAME	Non	ne	Baltimore, Mar		/
	Paul	Thomas Rigor,	Sn		PIL SA 1 A	Wassey	
15 /Ye	5. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	1 arren	DDRESS
(10	a, no or unknown)	(11 yes, give war or date	s OI service)	SECURITY NO.	Paul TRia	2/ Ja. Tal	Value of A
	18. 76	3.0 .	The	CAUSE	OF DEATH	4 2000 7 0110	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		1-0-	a bases		ONSET AND OFATH
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. i	(A) <b>1000</b>	c prounic	nice, n	1 April
	injury or	complication which o	aused death	.) OUE TO			
_		ANTECEDENT CAUS	ES				
ō	DISEASES	OR CONDITIONS,	ANY, GIVIN			***************************************	
AT		HE ABOVE CAUSE (A) ING CONDITION LA					
FIC				(C)			
ERTIFICATION		IGNIFICANT CONDI			rrhage re	gut adre	nal gland
CE		TO THE OEATH, BUT			al emboli	is, rigo	et leg-
۲	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION	0	20. AUTOPSY?
EDICAL	21A ACCID	ENT WAS UNDER-	218 PL	CE OF INJURY (e.g., in	n or   21c. WHERE DID (	If in Baltimore City,	YES NO L
MED	LYING OF	R CONTRIBUTING	about home,	arm, factory, street, office bldg.,	INJURY OCCUR?	II ili Batumore City,	give exact location)
7	F INJURY	Month) (Day) (Year)	,	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
L			m.	WORK NOT WHILE			
	22. I hereby	y certify that I att	ended the	deceased from 2/	8/, 19_57to	2/8/ , 195	that I last saw th
	deceased al		, 19_51.		red at 7:15 P.m., from t	he causes and on t	
	The	rddeus	Sau	Musica	11:00 N. Caroline	Stroot	2/9/51
24 TIO	4A. BURIAL, CON REMOVALTS	CREMA- 248. DATE pecky)	[-,	M. O.		OCATION (City, town	-111
_	THURIO	1 1/10/	0/ 8	Provider	ree life	per X 10	rado. ma
L	ATE RECEIVED	RAP .	2 11 .		25. FUNERAL DIRECTOR	10/1 6	ADDRESS
E	FB 9 19	151 Thurston	714/1/W	delid, of an	Marles	There to	brellavelle
	VS 150	63					1 Ach Buch
			1 4 4				108

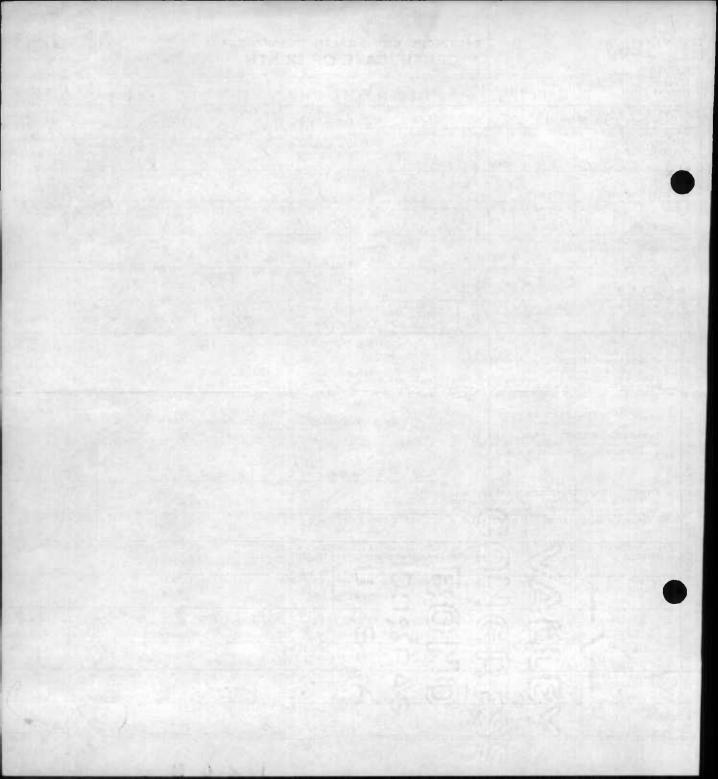
rearry and legibly.



## BALTIMORE CITY HEALTH DEPARTMENT

51 1263
Registered No.

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE . North (Type or Print) DEATH February -mma Virginia 4. USUAL RESIDENCE (Where deceased lived, If institution; residence a STATE B. COUNTY before dunission) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside cornorate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Nelson Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years | Il Under | Year | It Under 24 Hours | Instruction | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 1 emalo Widow 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fereign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNT Non-e U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO - Mrs. Annie Zicaler 5343 Nelson INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Nephritis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. Advanced Ag OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION DICAL 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) ebout home, farm, factory, street, office bldg., etc.) ш D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 22. I hereby certify that I attended the deceased from Lanuary 30, 1945, to Teb. 7, 1951, that I last saw the 19.5%, and that death occurred at 9. A.m., from the causes and on the date stated above. deceased alive on /Ch. 23c, DATE SIGNED 28A. SIGNATURE 24A. BURIAL CREMA-TION REMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FANERAL DIRECTOR mustice or / Williams, 11 VS 150



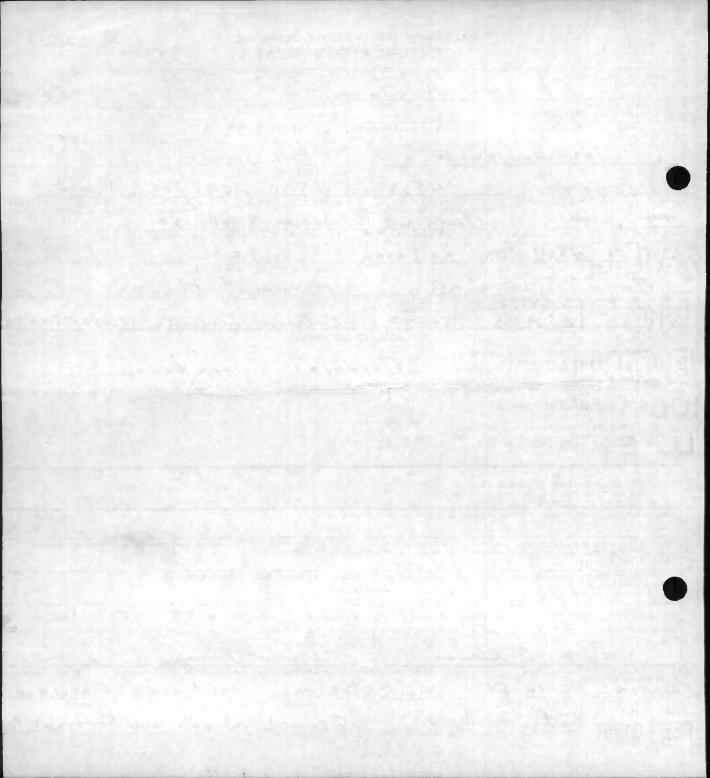
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4	1964
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#### CERTIFICATE OF DEATH Street Street No. 1264 BALTIMORE CITY HEALTH DEPARTMENT

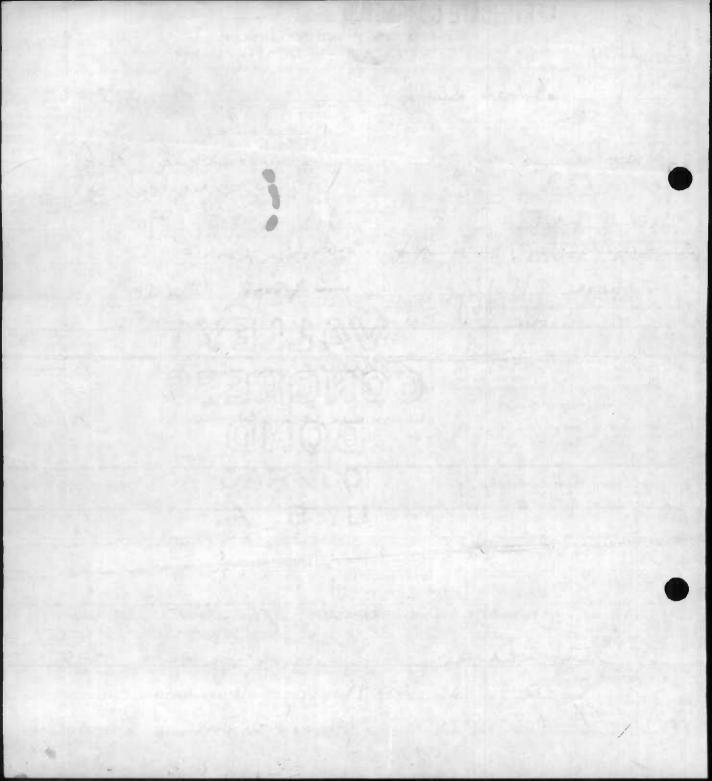
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BIRTH NO.	E OF BEATT	
1. NAME OF DECEASED Charles Heins	mith 2. DATE OF DEATH 2-	9-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If inst	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	MARYLAND	
INSTITUTION Manual Hand	C. CITTOR FOWN (III dutside corporate limits, w	vrite RURAL and give township)
Yrs. 77 83 P.	D. STREET ADDRESS (If rural, give location)	UT
ength of stay in Baltimore 45 YRS Mos.	I I Man Don't Pal R	DAN
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years) If Und	ler I Yeer   If Under 24 Hours
MARRIED	NAMUARY 7,1901 50	S Days Hours Mill.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF
13. FATHER'S NAME	16WA (	1.S.A
August Klain Siit	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17 INFORMANT ADDI	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.		ress Dartford Rd
18. 33 V . CAUSE		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	/ / -/ / .	ONSET AND DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	biol Throm bosis	
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g.,	in or   21c. WHERE DID (If in Baltimore City, give	YES NO A
W CAUSE OF DEATH	,etc.) INJURY OCCUR?	
Z D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE INJURY	RED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from	1-28, 1951, to 2-9, 1951, t	hat I last saw the
deceased alive on 2 - 9, 1951, and that death occu	rred at 6 55 Am., from the causes and on the	date stated above.
8 3. 0 h/a	238. ADDRESS.	3c. DATE SIGNED
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE		county) (State)
BURIAL 2-12-51 NEW CAT	ThELRAL BALTIMORE N	1ARVLAND
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR AI	DDRESS
EED 1 01051 Tourstay or Inthemed Al	GEORGE L. SCHWAD 2101 MR	EderickAn

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100 CERTIFICATE CURRECTE	<u> 3-30-51</u>
	E OF DEATH Registered No. 1265
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH 2-9-5/
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
Muyersely Desp.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	317 Magreeder St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years   H Under I Year   H Under 24 Hours   Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11.BIRTHRLACE (State or foreign country) 12. CITIZEN OF
werk done derica most of working life even if retired BORATI POAD TNDUSTRY	
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Trederick Muly	ind get Clark
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, oo or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
18. 1/2 2 1 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	Shal failing 15mm
injury or complication which caused death.) DUE TO	0 1 0
ANTECEDENT CAUSES	al taolycardia 14hs
ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	al tachycardia 14hrs
ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	al taolycardia 14hs
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	al taolycardia 14hrs
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	RATION 20. AUTOPSY? YES NO 21C. WHERE DID (If in Baltimore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	RATION  20. AUTOPSY?  YES NO  10 or 21C. WHERE DID (If in Baltimore City, give exact location)  ED 21F. HOW DID INJURY OCCUR?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	RATION    20. AUTOPSY?   YES
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	RATION    20. AUTOPSY?   YES   NO
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	RATION    20. AUTOPSY?   YES
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	RATION  20. AUTOPSY? YES NO  10 or 2IC. WHERE DID (If in Baltimore City, give exact location)  ED 21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  A 2-9 1951, to 3 m 2-9, 1957, that I last saw the cred at 3 5 m, from the causes and on the date stated above.  23B. ADDRESS  22C. DATE SIGNED
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	RATION    20. AUTOPSY?   YES   NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FIN	20. AUTOPSY?  YES NO  O OF 2 IC. WHERE DID (If in Baltimore City, give exact location)  ED 21F. HOW DID INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  A 2-9 1951, to 3 m 2-9, 1951, that I last saw the great at 3 m, from the causes and on the date stated above.  23B. ADDRESS 23C. DATE SIGNED  23C. DATE SIGNED  25. FUNERAD DIRECTOR ADDRESS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	RATION    20. AUTOPSY?   YES   NO   O or   21C. WHERE DID   (If in Baltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg., CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., shout home, farm, factory, street, office bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from PAC deceased alive on 2 9, 195 and that death occur 23A. SIGNATURE  24A. BURIAL. CRIMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20. AUTOPSY?  YES NO  O OF 2 IC. WHERE DID (If in Baltimore City, give exact location)  ED 21F. HOW DID INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  A 2-9 1951, to 3 m 2-9, 1951, that I last saw the great at 3 m, from the causes and on the date stated above.  23B. ADDRESS 23C. DATE SIGNED  23C. DATE SIGNED  25. FUNERAD DIRECTOR ADDRESS

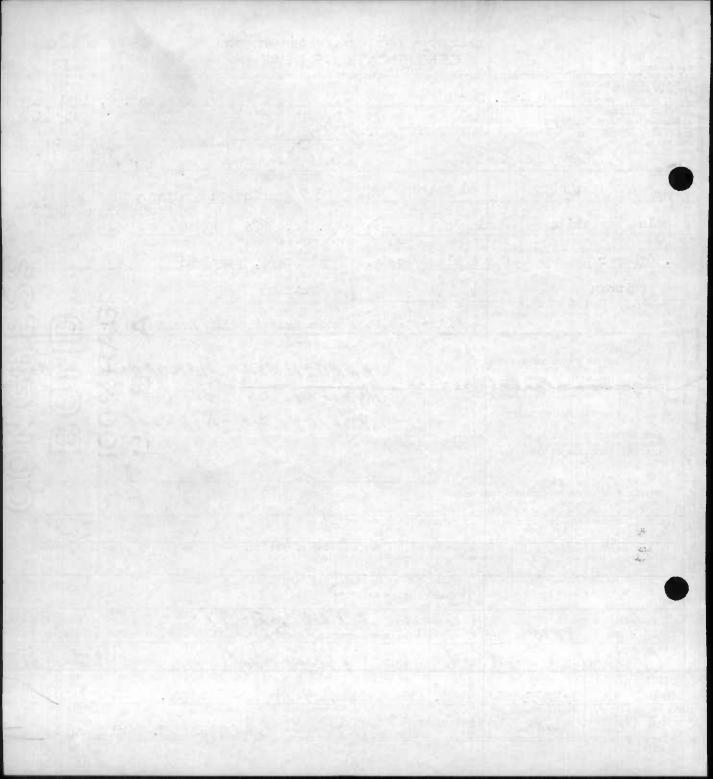


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## BALTIMORE CITY HEALTH DEPARTMENT

51 1266

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Elmer L. Marsh DEATH Feb. 9. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township) Mercy Hospital Baltimore Yrg. o. STREET ADDRESS (If rural, give location) 66 years c. Length of stay in Baltimore 607 Washington Boulevard Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. male Nov. 24, 1884 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindel) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Gas & Electric Co. Ret. Laborer Baltimore, Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT (Yee, no or unknown) 2-05-3386 no Rose Wright, 1103 Brentwood Avenue INTERVAL BETWEEN 330 X DISEASE OR CONDITION DIRECTLY UBARACHNOW HEMORRHAGE 2 days LEADING TO DEATH (This does not mean the mode of dying, e.g., Hypertension from PolycysTie KIDNEYS heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT 19 51, to 9 FEB 195, that I last saw the 22. I hereby certify that I attended the deceased from\_ 19 51, and that death occurred at 3 3/2 m., from the causes and on the date stated above. deceased alive on ? FEB 23A. S GNATURE 23c. DATE SIGNED 24c. NAME OF CEMETERY ON CRE TATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE \$4D. LOCATION (City, town, or county) Baltimore, Mt. Olivet Cemetery burial Maryland REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR Thurthe grow / followed, his



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3 PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write BURAL and give INSTITUTION (If rural, give location) Vra Mos ength of stav in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days Hours Min. MARRIED 2 10A. USUAL OCCUPATION (Give kingle) 10B. KIND OF BUSINESS OR work done during most a working life, even if retired) INDUST 11. BIRJHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Coursewif 13. EATHER'S NAME L 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH intentinal abstructio (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. pidermoed Careinoma Ceroer OTHER SIGNIFICANT CONDITIONS CONobstruction of weter by tumor. Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS 20. AUTOPSY CAL recurrent careinoma-werus YES L 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE m. WORK AT WORK 201951, to 22. I hereby certify that I attended the deceased from 1951, that I last saw the deceased alive on 2 -9 m., from the causes and on the date stated above. 1951 and that death occurred at\_ 23A. SIGNATURE alogane 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Greenmoun Durial DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR multive or i will and the VS 150

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) 1 BIRTH	1268

## BALTIMORE CITY HEALTH DEPARTMENT

51 1268

E OF DEATH
18 2. DATE OF 2-10-1957
4. USUAL RESIDENCE Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
C. CITY OR TOWN (If outside comporate limits, write RURAL and give
Ohelika township)
D. STREET ADDRESS (If rural, give location)
8. DATE OF BIRTH 9. AGE (in years) II Under I Year   II Under 24 Hours
last birthday) Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME
MAUDE, CHRISTMAS
17. INFORMANT ADDRESS
OF DEATH INTERVAL BETWEEN
ONSET AND DEATH
ralyed Caranamatoris = 11-19-50
Cacelegia
increatic Conanoma 2-10-51
7,000
ary sitepancreas) (over)
RATION   20. AUTOPSY?
YES NO X
n or 21C. WHERE DID (If in Baltimore City, give exact location) otc.) INJURY OCCUR?
ED 21F. HOW DID INJURY OCCUR?
19 1950, to 2-10 , 195, that I last saw the
rred at 1:450 m., from the causes and on the date stated above.
Aliques Homital 2-10-51
RY OR CREMATORY 240 LOCATION (City, town, or county) (State)
25. FUNERAL DIRECTOR ADDRESS ADDRESS
THE THE THE STATE OF THE SEASON

See Document File 51-1268
3/20/51
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51 1269

			BAL	TIMORE CITY H	EALTH DEPART	MENT			上にいい、
5	IRTH Nd 2	69		CERTIFICAT	E OF DEAT	Ή	Registered N	0	
1.	NAME OF I	DECEASED					2. DATE		
	ype or Print)	Mr. HARK	Y ED	SON CHI	ALL15		DEATH FE	B. 9	1951
Α.		City, Maryland			A. STATE	ENCE (Whe	B. COUNTY		on: residence efore admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR the Union Mcmorial location)				c. CITY OR TOWN		tside corporate limits		AJRAL and giv	
115	ISTITUTION	Hospital			Baltimo		12-	01	township
				Yrs. Mos.	D. STREET ADDR				
		stay in Baltimore		Days	104 We.	STUU	iversity;	Park	way
5.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRT			Under I Yea	If Under 24 Hours
	M	W	m	uniel	Dec 30,18		72	TENS, Da,	ys Hours min.
wor.	k done during most	CUPATION (Give kind of of working life, even if retired)		INDUSTRY	11. BIRTHPLACE		ign country)		IZEN OF
4.0	Keh	ud (Ass't. Ce	shier)	Trust Co.	Mary			L	NSA.
13	FATHER'S	_	0 1	BANK	14. MOTHER'S MA	AIDEN NAM	E		
1.5	MARK	enry E.	Chall	15	Sarah Se	lby			
(Ye	s, no or unknown	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		AI	DRESS	Star Plane
	No				Mrs. Annet	te J. C	hallis - 1	04 W	. Univer
	18. 16.	7 X 1		CAUSE	OF DEATH				ERVAL BETWEEN
		SE OR CONDITION		. ,	1		. 0		EI AND DEATH
	(This doe	LEADING TO DEA	TH of dving, e.g	meta	STATIC CAR	diNGYA	A to /Sepi	N	
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO							***************************************	
		ANTECEDENT CAUS				1			
7		ANTECEDENT CAUS	er.	CARC	INOMA 6	160	Na		
0	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	G	0				
A	UNDERL	YING CONDITION LA	ST.						
DI.				(C)			***************************************		
11		11			HOLD OF THE				
ERTIFICATION	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	D					
O		DISEASE OR CONDITION							
AL	ISA. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION				S NO NO
<u>S</u>	21A ACCII	DENT WAS UNDER-	1 21B. PLA	CE OF INJURY (e. g.,	is or 21c. WHERE	OID (If i	n Baltimore City, g	ive exac	
EDICA		R CONTRIBUTING	about home, f	arm, factory, street, office bldg.	etc.) INJURY OCCU	R?	. 2010111012 0103, 8	., .	
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	INJURY C	CCUR?		
	FINJURY			WHILE AT NOT WHILE					
			m.	WORK AT WORK			0 6		
			Jan. 8	deceased from IA					I last saw th
		live on el 9	_, 195	and that death occu		, from the	causes and on th		
	27 A. SIGNA	. 1/ /1/0			23B. ADDRESS	worke	1 HRR	23c. I	DATE SIGNED
2	A. BURIAL			M. D.	The state of the s		ATION (City, town,	or court	y) (State)
TI	ON, REMOVAL	Specify)	4			240. LOC	ATION (City, town,	or count	(State)
_	Burial	2/12/51		Mt. Olivet C		Balto	Md.		
	ATE RECEIVE		Button 211 (1)	RE	25. FUNERAL DIR	ECTOR	0/.	ADDRE	SATA
	LKIII	A James A	AL. I LAM	11 200	11/1/ 1/11	111111	male + An	1/1/ ~	1 Dulle

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Bir Vincetin Inches Carlotte C Commence of the second of the second Tanen & Water Thomas I removed to the party

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 51. 1270

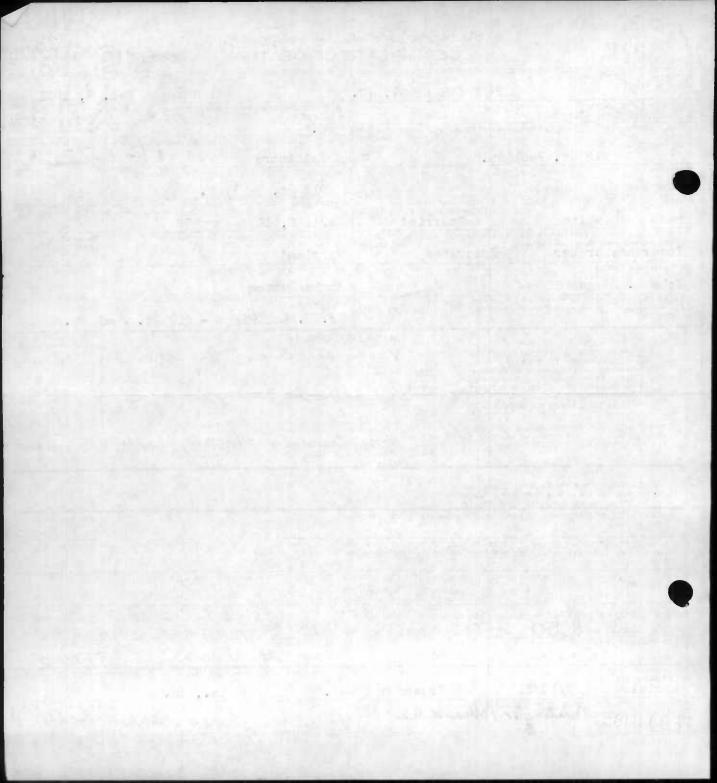
BIRTH NO.						and the state of t		
1. NAME OF (Type or Print)		TLLIAM .	A. OWENS		2. DATE OF DEATH Feb	0. 8, 1951		
B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland		cion, give street address or location) St.	C. CITY OR TOWN	(Where deceased lived.) B. COUNTY	If institution: residence before admission hits write RURAL and given township		
	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3109 N. Charles St.				
5. SEX male	6.COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify) Arried	8. DATE OF BIRTH Nov. 5, 1869	9. AGE (In years last birthday) N	If Under 1 Year II Under 24 Hours Min.		
Partne:			o of Business or INDUSTRY ist Supplies	11. BIRTHPLACE (State or Maryland 14. MOTHER'S MAIDEN I Robecca Lewis	NAME	12. CITIZEN OF WHAT COUNTRY		
	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. Informant Miss Imogene C		ADDRESS N. Charles St.		
DISEASE TO UNDERL	LEADING TO DEA: s not mean the mode of the party as the mode of the party and the mode of the party and the party	of dying, e. gans the diseases death SES  FANY, GIVIN STATING THAST.	(B)	of Goldingeral				
19A. DATE	SEASE OR CONDITION	CAUSING I		ATION CONTRACTOR	7 200/110 11	20. AUTOPSY?		
CAUSE OF		about home, fo	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)		
INJURY	(Month) (Day) (Year)	m.	WHILE AT NOT WHILE AT WORK AT WIRE	N (	10-190			
deceased a	TURE HE	. 19.	Ad that death occur	red at	the causes and on	the date stated above.		
24A. BURIAL, TION, REMOVAL (S Burial			Greenmount C	DALI	PKINS USOOWI	n, or county) (State)		
LOCAL REGIST	BARC	S EIGNATI	Laura, Mil	25 FUNERAL DIRECTOR	Jener Ys	(ADDRESS Latte		
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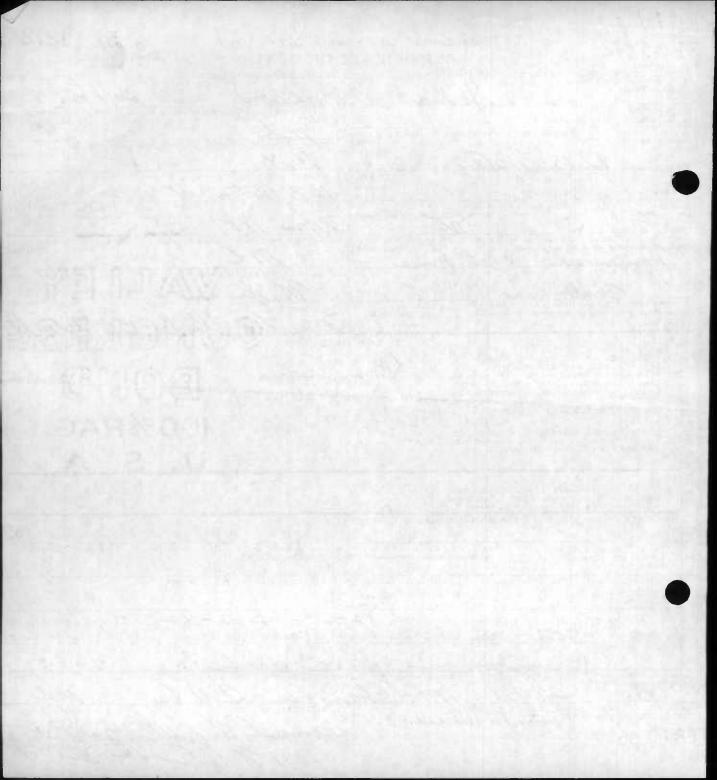
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1271

BIRTH NO.						
1. NAME OF (Type or Prin	+\	ROBERT	LEE RIGGS, SR.		2. DATE OF DEATH	eb. 8. 1951
3. PLACE OF A. Baltimor					CE (Where deceased lived, B. COUNTY	
B. FULL NAM	ME OF (If not in hospit	al or institut	ion, give street address or			
INSTITUTION	N		location)	C. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give
00	912 St. Paul	l St.		Baltimore	11-	township
			Yrs.	D. STREET ADDRESS	(If rural, give location)	
length o	f stay in Baltimore		Mos. Davs	912 St. Pau	1 St.	
5. SEX	6. COLOR DR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
male	white	WIDOV	VED, DIVORCED (Specify)	A	last birthday)	Months Days Hours Min.
	OCCUPATION (Give kind of		married	April 9, 1875	75	
work done during m	ost of working life, even if retired)	IOB. KINL	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
Insural	nce Broker	Insu	rance	Maryland		
13. FATHER	SNAME			14. MOTHER'S MAIDE	EN NAME	
John A	Riggs			Annie Hutton		
	ASED EVER IN U. S. ARMEL	FORCES?	16, SOCIAL			
(Yes, no or unkno	wn) (If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
no				Mr. R. Lee Ki	ggs - 912 St.	Paul St.
18. 4	143X		CAUSE	OF DEATH		INTERVAL BETWEEN
	ASE OR CONDITION	DIRECTLY	Vim	1 intestina	Quelo ti	ONSET AND DEATH
(This d	oes not mean the mode of	TH		No No Coop of the Coop	l'infectio	2 says
heart fa	tilure, asthenia, etc. It mea	ns the diseas	e.		0	
injury	or complication which c	aused death	L) DUE TO	eloge her	nowhage	2
	ANTECEDENT CAUS	ES	007	20,00		- Lyear
Z			(B)		/	
O DISEAS	SES OR CONDITIONS, 11	FANY, GIVIN		4	1	21/
UNDER	RLYING CONDITION LA	ST.	Ayper	rleusion of c	hr. myocard	nas 6 years
0			(c)		1	
<u> </u>	11	1111				
	SIGNIFICANT CONDI					
	ING TO THE DEATH, BUT DISEASE OR CONDITION					
			FINDINGS OF OPER	ATION		20. AUTOPSY?
	0					YES NO P
21A. ACC	IDENT WAS UNDER-	1 21B. PL/	ACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City,	
	OR CONTRIBUTING	about home,	farm, factory, street, office bldg., e	te.) INJURY OCCUR?	(== 111 241111010 010)	give exact location)
Z CAUSE C	F DEATH	1				
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID IN	JURY OCCUR?	
		m	WHILE AT NOT WHILE			
22 7 1 200	.h	7 7 .7		ov. 1947/to	8 F.1	0
ZZ. I ner	eby certify that I att	enaea the	aeceasea from 10	21158		f, that I last saw the
23A. SIGN	alive on O 127.	_, 19 _ / .			om the causes and on	the date stated above.
23A. SIGN	Louis	E. U	Vice M.D. 2	920 At.	Paul	9 Feb . SI
24A. BURIAL TION, REMOVAL	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY   24	4D. LOCATION (City, tow	n, or county) (State)
Buria	2/10/51		Greenmount		alto., Md.	
LOCAL REGI	STOST PESISTRAR	r di	and Ala	25. FUNERAL DIRECT	huer & San	= Sulto, Ma
VS 150		Harry Wall	to the			



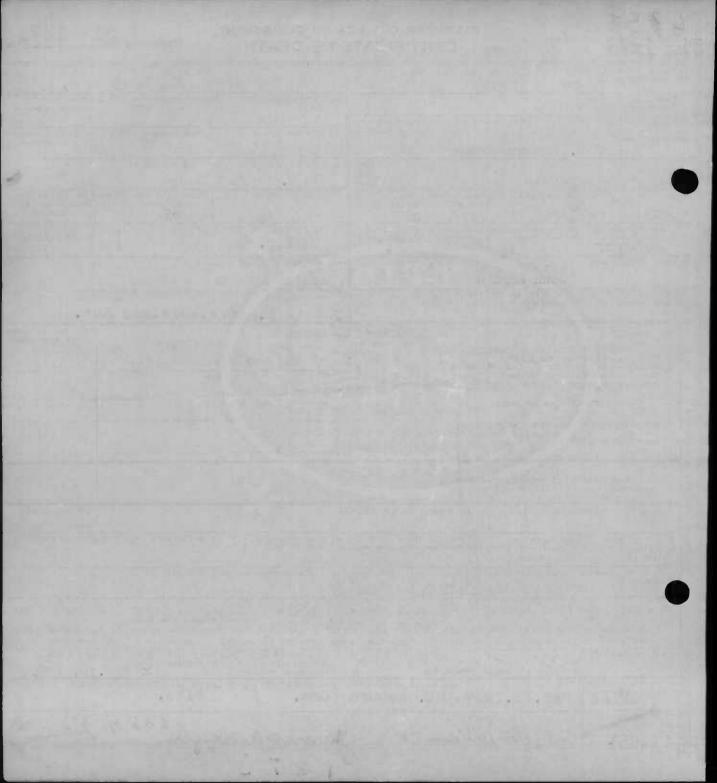


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ľ	1	N1.4	S A A E	OF	DECI	

# CERTIFICATE OF DEATH Registered No. 1273

BIRTH NO.			OLIVIII ICATI	L OI BEATTI		
1. NAME OF DEC (Type or Print)					2. DATE OF Fahr	0 3053
Ki		RTIN		U a tiguta protection (	DEATH PEDI	uary 8, 1951
a. Baltimore City				4. USUAL RESIDENCE (	Where deceased lived, I: B. COUNTY	f institution: residence before admission
B. FULL NAME OF HOSPITAL OR		al or institut	ion, give street address or location)			
INSTITUTION	O NI 12	L A	·		i outside corporate limi	its, write RURAL and give township
00 L	2 N. Fremon	t Avenu	Yrs.	Baltimore  D. STREET ADDRESS (II	frural give less ion)	7/
ength of stay	in Baltimore		Mos. Days	12 N. Fremont		
	COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	
male	colored		dowed (specify)		65	onths Days Hours Min.
10A. USUAL OCCU	orking life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or )	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAM			Go bank when	14. MOTHER'S MAIDEN N	IAME	
	John Ma	rtin		Fazier Nicken	S	
15. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Sophia M. Hank		
DISEASES OF RISE TO THE UNDERLYIN OTHER SIG. TRIBUTING TO TRIBUTING TO	ot mean the mode of asthenia, etc. It mea mplication which of the conditions, in above cause (A) is conditional to the condition of the death, but the death, but	ns the diseas caused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)			4 6 1 3 1 0 3 2
TO THE DISE	ASE OR CONDITION	· · · · · · · · · · · · · · · · · · ·	T. FINDINGS OF OPER	ATION		20. AUTOPSY?
	or Elwarion .	00, 11110011				YES NO
	CAUSE WAS OR CONTRIB-		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
	ath) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
22. I certify	that I took char	ge of the	remains described of	bove, held an	spection	thercon and from
the evide	nce obtained by	said Auto	opsy, Inspection or l	Autopsy, inquiry, find that said of socident . suicide	leceased died on t	he day stated above
23a. SIGNATUI	RE 2/1-	melin	P	23B. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGA	EXAMINER 2 2	eb. 9, 1951
			Mt. Auburn	RY OR CREMATORY 24d. L	Balto.	, or county) (State)
DATE RECEIVED E		S SIGNATU	RE	25. FUNERAL DIRECTOR	638	M. gelmen
VS 151	A.	, , , , , , , , , , , , , , , , , , ,	0- 6-1	A Way	8	0 1
	MA- 248. DATE Feb.I2	.1951	Mt. Auburn	RY OR CREMATORY 24d. L	Balto.	n, or county) (Sta

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53	3973
BIRTH	NO.

re une causes of death clearly and legibly.

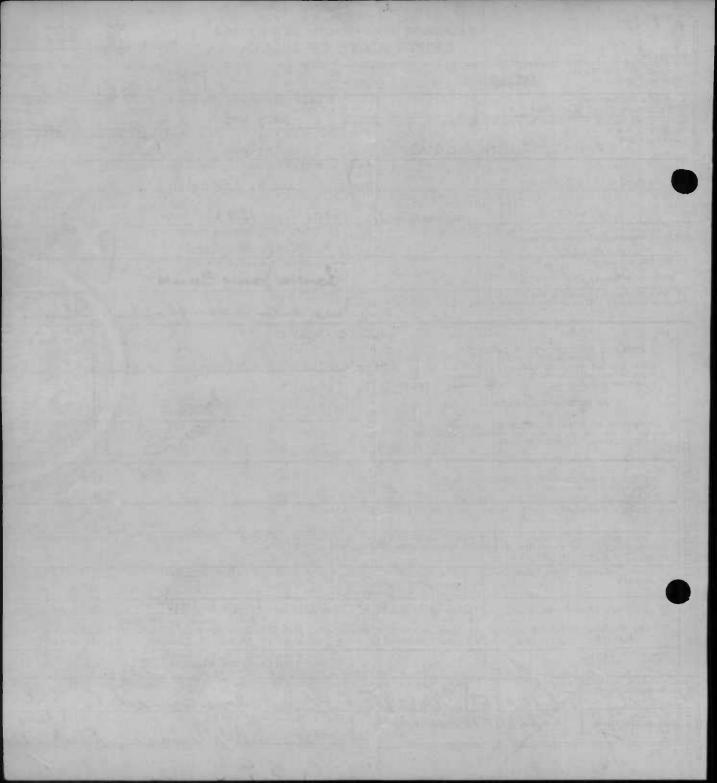
### BALTIMORE CITY HEALTH DEPARTMENT

51 1274

D's	TRTH NO.	CERTIFICATE	E OF DEATH	Registered No.	-A-10 8 -Z
1. (".	NAME OF DECEASED Type or Print) ARTHUR	THOMP	SON	2. DATE OF DEATH Feb. 8,	1951
3 A	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If ins B. COUNTY	titution : residence before admission
H	FULL NAME OF f not in hospital or institu OSPITAL OR NSTITUTION	location)	Maryland c. CITY OR TOWN (If	outside corporat limits	
3	Franklin Square Ho	-	Baltimore	10	township
	Length of stay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS (If		
0	Male Colored WIDON	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH  Jan. 21, 1895		ler i Yest It Under 24 Hours ns: Days Hours Min.
10 Wot	DA. USUAL OCCUPATION (Give kind of lob. KIN k done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	W. Kiver, Maryl		CITIZEN OF WHAT COUNTRY
1:	John Thenly Thompson.	Je vende	14 MOTHER'S MAIDEN N.	AME	
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ms. Suice Jl. Jt		RESS , an
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	g., (A) Arteric se, h.) DUE TO	OF DEATH	vascular disea	INTERVAL BETWEEN ONSET AND DEATH
ERTIF	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED			
U	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERA	ATION		20. AUTOPSY?
EDICAL		ACE OF INJURY (e. g., in farm, factory, street, office bldg., et	or 21c. WHERE DID (I. INJURY OCCUR?	f in Baltimore City, give	exact location)
M	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
	22. I certify that I took charge of the the evidence obtained by said Aut and death in my opinion resulted;  23A. SIGNATURE	remains described at	Autopsw, I nquiry, find that said de ★, accident □, suicide 23B. CHIEF MEDICAL E ASSISTANT MEDICAL E	Inspection or Inquiry eccased died on the company in the company i	etermined $\square$ .
TI	AA. BURIAL CREMA- 24B/DATE DN. REMOVAL (Specify) Feb 11, 1951	Churchten	RY OR CREMATORY 24D. LO	earundel	County) (State)
	ATE RECEIVED BY REDISTRAR SHOWN TO BE USER SHOWN TO BE USER SHOWN THE PROPERTY OF THE PROPERTY	Cleans, M. D.	25. FUNERAL DIRECTOR,	lliums	Schredy St

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1 000	540	
	BIRTH NO.	

51 1275 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF FRANK HIMMEL. February 9, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (if not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUMAL and give INSTITUTION township) Lutheran Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3347 W. Belvedere Avenue igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | | Under 1 Year | | Under 24 Hours last birthday) | Months; Days | Hours; Min. If Under 24 Homs Male White Married Feb. 16, 1888 JOB KIND OF BUSINESS OR BALTIMOTE CITYNDUSTRY 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 12. CITIZEN OF WHAT COUNTRY? rork done during most of working life, even if retired) Fireman Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Himmel 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Margaret Himmel, 3347 W. Belvedere INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Generalized arteriosclerosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXX ANTECEDENT CAUSES Coronary occlusion FRTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X DICAL (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH. 218. PLACE OF INJURY (e. g., in or ebout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{Z}\), accident \(\mathbb{L}\), suicide \(\mathbb{L}\), homicide \(\mathbb{L}\), undetermined \(\mathbb{L}\). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .....
ASSISTANT MEDICAL EXAMINER.... 23c. DATE SIGNED Feb. 10. MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Feb. 13, 1951 Western Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS marting of 14 / Muand, Mills

VS 151

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1276

BIRTH NO.	CERTIFICATI	E OF DEATH	registered	110.
1. NAME OF DECEASED (Type or Print) Wilhelmi	na Glaeser		2. DATE OF 2-	6-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institu	Balto	4. USUAL RESIDENCE (W		f institution: residence before admission
HOSPITAL OR INSTITUTION 945 S. Baylis S	location)		outside corporate dim	its, write HURAL and give township
c. Ongth of stay in Baltimore	life Mos.	o. STREET ADDRESS. (If 945 S. Baylis	rural, give location) Street	
5. SEX 6. COLOR OR RACE 7. SINGL WIPON	E. MARRIED. YHD PLYORCED (Specify)	8. DATE OF BIRTH 3-9-62	9. AGE (In years last birthday)	If Under 24 Hours In Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  NONE	O OF BUSINESS OR INDUSTRY	Baltimore,		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME George L. Glaeser		14. MOTHER'S MAIDEN NA Gatherine Hi		V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Frederick Glaese	r- 945 S. Bé	ADDRESS Aylis Street
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease in jury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATING TO THE DEATH AND THE DEAT	(B) PN 5  (B) CO KY	OF DEATH  (AADITIS (FAIOS CLEADS)  FUMUNIA (BAO)  HODIS SCUEME  Johosus Jaenere	n(40) (on tony	
	FINDINGS OF OPER			20. AUTOPSY?
LYING OR CONTRIBUTING about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21C. WHERE DID (I INJURY OCCUR?	f in Baltimore City,	give exact location)
22. I hereby certify that I attended the	21E. INJURY OCCURRING WHILE AT NOT WHILE AT WORK deceased from	FB.2 1950to F	FB, 6, 195	I, that I last saw th
deceased alive on 2/6, 1951, 23A. SIGNATURE  24A. BURIAL, GREMA: 24B. DATE TION, REMOVAL (Specify) Burial  2-10-51	ten' M.D. 2	3B. ADDRESS  12( S. HILHHAND)  RY OR CREMATORY 24D. LO	Aut.	23c. DATE SIGNED
DATE RECEIVED BY REGISTRAR'S SIGNATURE OF THE PRECISION O		SE FUNEDAL DIRECTOR		ADDRESS Wolfe Street

and the Broth . 2 Mg The Parket of the second of the Street Table of the state The state of the s

TO BE APPROVED BY 51 1277 MEDICAL EXAMINER BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE Feb. 8. 1951 (Type or Print) RUDOLPH ANDREW PIPLA OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location) (If outside corporate limits write RUDAL and give Baltimore c. CITY OR INSTITUTION Pk. Drive & 31st St. township) D. STREET ADDRESS (If rural, give location)
100 S. Ellwood Avenue Yrs. Mos. gth of stay in Baltimore Days 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED B. DATE, OF BIRTH 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 12/16/83 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Captain Seafarer Marvlan d USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anton Pipla Anna ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Records- US Marine Hospital, Balto, Md. None INTERVAL BETWEEN 18. CAUSE OF DEATH 421.0 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Endocarditis, chronic, mitral and Tin km own aortic with aortic and mitral heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) stenosis, cardiac hypertrophy and ANTECEDENT CAUSES failure RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CHIEF OR ASST. MEDICAL EXAMINER. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from DEAD ON ARRIVAL to \_, 19\_\_\_, that I last saw the 1951 and that death occurred at 9:10Am., from the causes and on the date stated above. deceased alive on Feb. 8 23B. ADDRESS 23c. DATE SIGNED US Marine Hospital, Balto, Md. John L. Wilson . Medical Director M. D. 24A. BURIAL, CREMA: TION, REMOVAL (Specify) 24c. NAME OF CEMETERY DR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR whispian / VS 150

TALL . N. ALES THE RESERVE OF THE PARTY AND ADDRESS. But I densit Ed. 22 Dil Tresture (B ) and - ment of the contract Education attended and the Stanton Live the time is into exciting the called on es off resident to being a line of The state of the s de daren liesettat, de lea, et. the safe of the sa

(If not in hospital or institution, give street address or

INSTITUTION Provident Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 638 N. Fulton Avenue gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH male colored 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR ork done during mospof working life, even if retired) INDUSTRY Caurerelle une 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Waterhouse-Friderichsen syndrome (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 171 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an . autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23c. DATE SIGNED MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 240. LOCATION TION, REMOVAL (Special Juria, DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DURECTOR with a for / Will acted, 151

A. STATE

location)

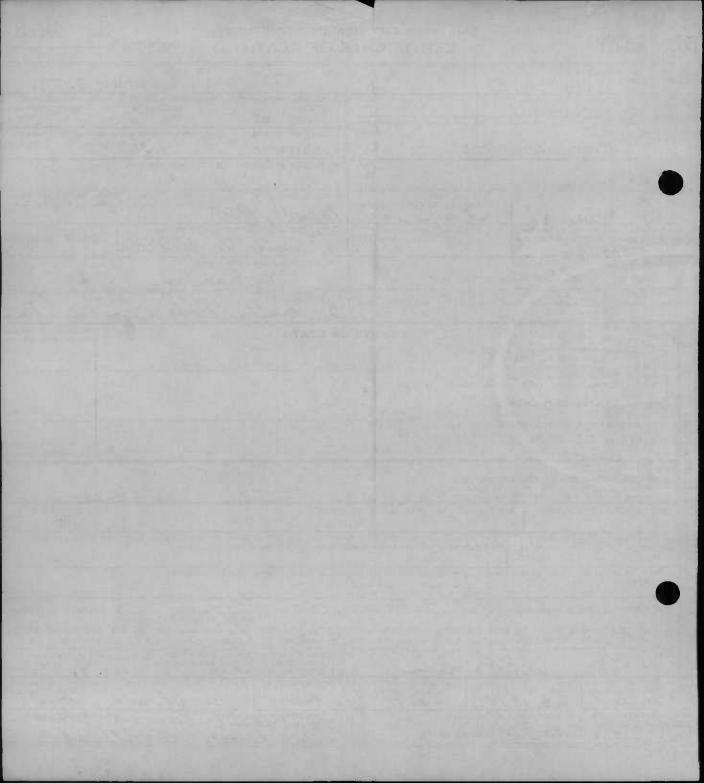
Maryland

C. CITY OR TOWN

3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL OR

A. Baltimore City, Maryland



VS 151

Burial

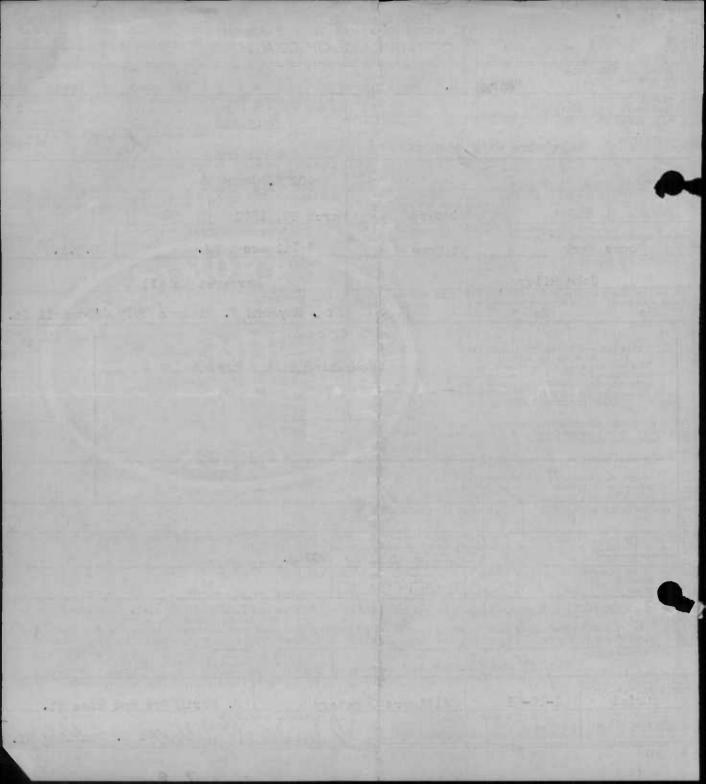
DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Baltimore Cemetery E. North Ave and Rose St. FUNERAL DIRECTOR

Conkling

ADDRESS

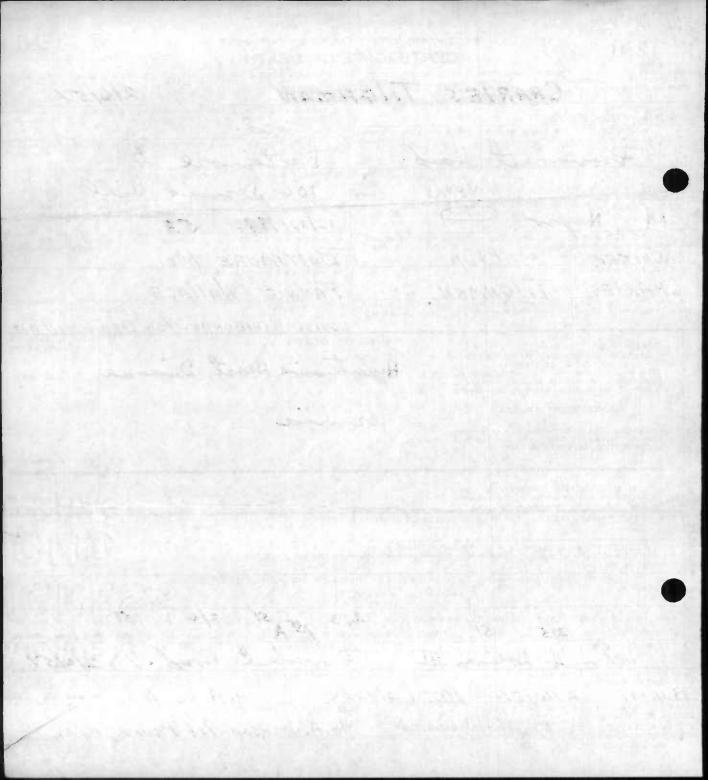


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B	IRTH	NO	

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	51	1280
	J.L.	LOON
egistered	No	

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No_	
1. NAME OF DECEASED			2. DATE	
(Type or Print) CHAR/E	5 /1/41	HMAN	OF DEATH 2/6/	15-1
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Who	ere deceased lived. If insti B. COUNTY	tution : residence before admission)
B. FULL NAME OF (If not in hospital or institu	tion, give street address or location)		itside corporate limit, wr	ita Alba Landeiva
INSTITUTION Provides !	loob.	Baltins	28 /	township)
	Yrs.	D. STREET ADDRESS (If rus	ral, give location)	0
c. Length of stay in Baltimore 4 1 5. SEX 6. COLOR OR RACE 7. SUNGL	E MARRIED.	706 Dru	ed tel	
M Negro WIDOV	VED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years     Under last birthday)   Months	
10A. USUAL OCCUPATION (Give kind of 10B. KINI work dooe during most of working life, even if retired)	O OF BUSINESS OR	11. BIRTHPLACE (State or fore	ign country)   12.	CITIZEN OF WHAT COUNTRY?
WAITER C/U	B	BAITIMORE,	Mo.	
CHARLES TILGHM	ON SR.	FANNIE WA	IJACE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
		LOUISE CLAIBORA	1E-906 DRUI	whill AVE.
18. 443 × 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	H. ele	to in Heret	Diana	
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseasinjury or complication which caused death	ie.			
ANTECEDENT CAUSES				
Z DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)	med		••••
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	HE DUE TO			
	(C)			
OTHER SIGNIFICANT CONDITIONS CO				
TRIBUTING TO THE GEATH, BUT NOT RELATI	ED			
19A. DATE OF OPERATION () 19B. MAJOR	FINDINGS OF OPER	ATION		20, AUTOPSY?
	ACE OF INJURY (e. g., in farm, factory, street, office bidg., e		in Baltimore City, give	
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY O	OCCUR?	
INJURY m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the		/3 25, 1951, to 24	16 .1957, th	at I last saw the
	and that death occur	red at Z=Am., from the	causes and on the de	
23A. SIQUATURE	711   2	3B. ADDRESS & A	23	C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETER	RY OR CREMATORY   24D. LOC	CATION (City, town, or co	ounty) (State)
BURIAL 2/10/51	MT. CALVA	RY A.A.	Co. Ma	
DATE RECEIVED BY REGISTRAR'S SIGNATU			AD.	DRESS
FFR 1 01951 Huntie ston Mill	iams, Mills	Wm. A. JACKSON-9	16 PENNA.	AVE.
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	4904
BIRT	TH NO.

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1281

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
Clara B. Elliott	DEATH Feb. 6. 1951
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address of	A. STATE B. COUNTY before admission)
HOSPITAL OR location	
1736 N.Chester St.	Baltimore 8 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Mos.	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	1736 N. Chester St.   6. DATE OF BIRTH   9. AGE (In years)   11 Under 1 Year   11 Under 24 Hours
WIDOWED, DIVORCED (Specify	last birthday) Months: Days Hours Min.
F W M	June 4,1870   80
10A. USUAL OCCUPATION (Give kind of one during most of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
House wife	York Penna.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Irvin	Sarah Harris
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
OBOSINIT NO.	Harry T. Elliott 1736 Chester St.
18. Mar I CAUSE	OF DEATH
	ONSE! AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	14 mo schootis Cavio Verula his cay 140+
heart failure, asthenia, etc. It means the disease.	13 (100 )00/10/100 = 00/110 (00/100/00/00/00/00/00/00/00/00/00/00/00/
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20 AUTOPSY?
	YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or   21c. WHERE DID (If in Baltimore City, give exact location)
About home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F, HOW DID INJURY OCCUR?
INJURY (Manual) (Day) (Tear) (Mode) White AT NOT WHITE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	17 day , 19 51, to 1960 , 1951, that I last saw the
deceased alive an Mills 1951, and that death occur	rred at 1, from the causes and on the date stated above.
	23B. ADDRESS 23C/DATE SIGNED
MIW and Louisman M. D.	1513 N. M. 184 ay 18 19 51
24A. BURIAL, CREMAN 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
TION REMOVAL (Specify)	
17 7	Baltimore Md
Burial 2/10/51 Loudon Pk	Baltimore Md
Burial 2/10/51 Loudon Pk	

173 million Profonal Gordman

M-6	30
51	1282

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1282

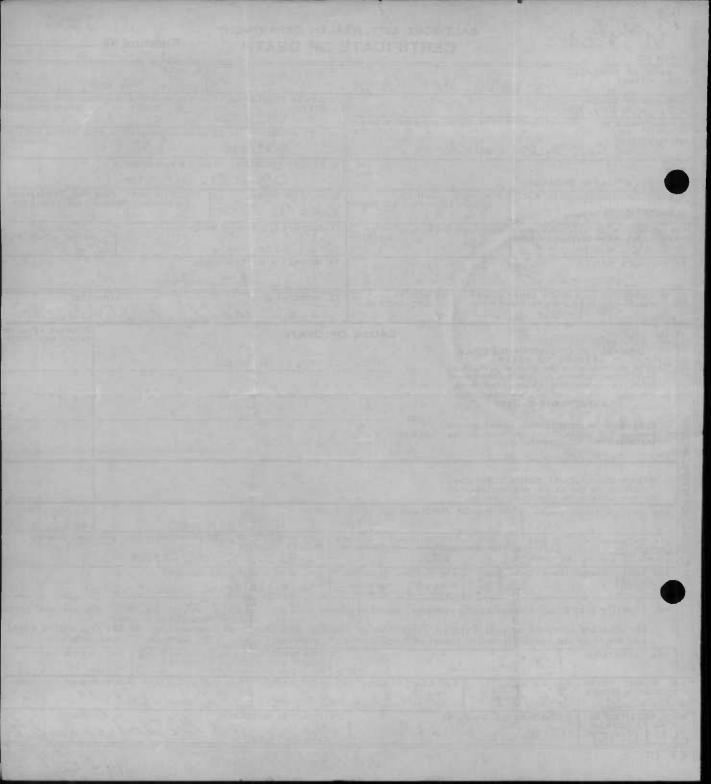
Registered No\_ BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF February 9, BERTHA MAE MORDY DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 2435 N. St. Paul Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2435 N. St. Paul Street ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED & DATE OF BIRTH 9. AGE (In years if Under 1 Year last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Female White YARRIED 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Nousewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INPORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO nu INTERVAL BETWEEN CAUSE OF 76 X DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of neck (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) ... FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION No X EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Home 2435 N. St. Paul Street 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Flour) 21E. INJURY OCCURRED 7:30 Pm Self-inflicted gunshot wound 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide XI, homicide [], undetermined [] 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... 23c. DATE SIGNED Feb.

MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Durial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

ADDRESS

(State

VS 151



В	B-525 51. 1283 IRTH NO. 57-028/2	BALTIMORE CITY HE		X 51. 1. Registered No.	283
1. (T	NAME OF DECEASED   WILHAE	L-K-BEN	150 N	2. DATE OF FEL	9-1957
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst	itution ; residence before admission)
H	FULL NAME OF (If not in hospital or in DSPITAL OR ISTUTORY)	institution, give street address or location)	C. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
111	Bruklen Agua	ie Hosh	Reisters	our, Ru	cal township)
	Length of stay in Baltimore	Yrs. Mos.	o. STREET ADDRESS (If	rural, give location)	E 2 60
5.		Days	8. DATE OF BIRTH	9. AGE (In years) If Unde	er 1 Year   If Under 24 Hours
		VIDOWED, DIVORCED (Specify)	Feb 8-1957	last birthday) Month	
1 C	A. USUAL OCCUPATION (Givekiodof to dooe during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12.	CITIZEN OF WHAT COUNTRY?
12	FATHER'S NAME	roue	vouls me	7	40.11
1	Gilbert & Bens	1 0	14. MOTHER'S MAIDEN NE	ME does	
15	. WAS DECEASED EVER IN U. S. ARMED FOR	CES?   16. SOCIAL	LE INFORMANT	ADDI	DECC.
(Xe	(If yes, give war or dates of ser	SECURITY NO.	Gilbert & Bec	can Reister	etown )ust
	18. 759.0	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY	. 1 2 2 2		
	(This does not mean the mode of dying	ng, e.g., (A) Conge	netal abrence.	7 Rt. Lung.	
	heart failure, asthenia, etc. It means the injury or complication which caused	e disease, l death.) OUE TO		1	
	ANTECEDENT CAUSES				- 1-3
Z		(B)	***************************************	***************************************	
CATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.				
Š	CHEETING CONDITION EAST.	1	centul Seve		
E	II.	(c)	and Deve	losle	
ERT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT	RELATED			
U	19A. DATE OF OPERATION 19B. M	SING IT.	ATION		L 30 AUTODOYS
AL	Table of Or English	AJON FINDINGS OF OPERA	TION		20. AUTOPSY?
DICAL		B. PLACE OF INJURY (e. g., in at home, farm, factory, street, office bldg., et	or 21c. WHERE DID (I	f in Baltimore City, give	
Æ	HOMICIDE (Specify)	re nome, carm, rectory, street, ouice bidg., et	ic.) INJURY OCCUR?		

210. TIME (Month) (Day) (Year) (Hour)

21E, INJURY OCCURRED

NOT WHILE

22. I hereby certify that I attended the deceased from 12 and that death occurred at 10 Pm., from the causes and on the date stated above. deceased alive on\_

23B. ADDRESS

24A. BURNAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERA

21F. HOW DID INJURY OCCUR?

, 195/, to Fe

24D. LOCATION

23c. DATE SIGNED

, 19 17, that I last saw the

(City, town, or county) (State)

VS 150

DATE RECEIVED BY LOCAL REGISTRAR

INJURY

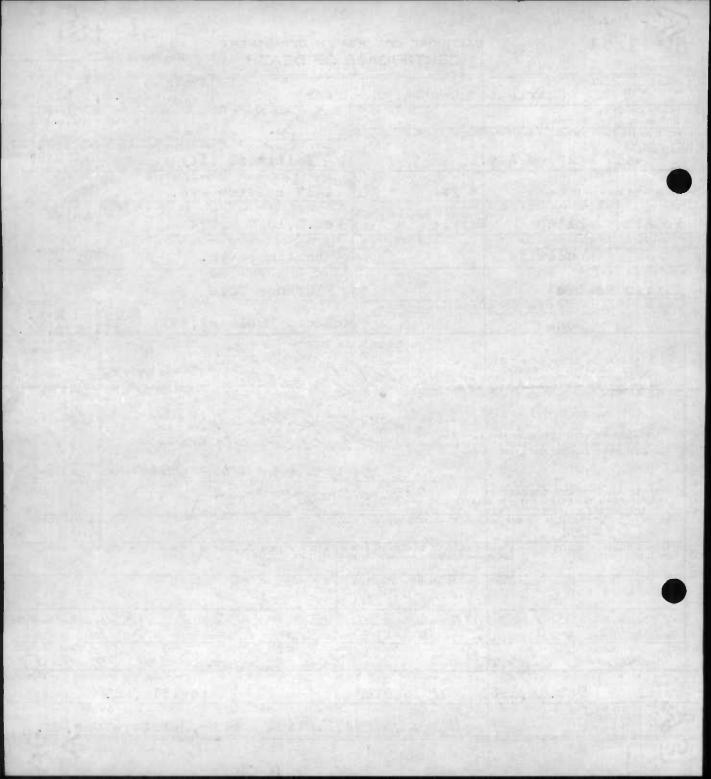
23A. SIGNATURE

141-4100 408NAG-X-13ANDA Ball - Bull marker Gray Hoop mentioned there 1615-1901 Sugle Back mel Thous 720-46 Gelbert & Benner . your Lander 920 Gethat Bourn autience I of Feel Hell Beared Green Ballice met Length Edwill Graphy James James Stand

### BALTIMORE CITY HEALTH DEPARTMENT

51 1284

В	RTH NO.			CERTIFI	CATE	OF DEAT	H Regis	stered N	0
1.	NAME OF DE	CEASED					12. DATE		
T)	ype or Print)	Charl	otte	Gwendol	yn ]	Ensor	OF DEATH	Feb.	8,1951
	PLACE OF DE Baltimore C	ity, Maryland				A. STATE	ENCE (Where deceased	lived. If i	
	FULL NAME (	OF (If not in hospit	tal or institu	tion, give street a	ddress or location)	Md.			
IN	STITUTION	m To To			location)	c. CITY OR TOWN		rate limits	, write RURAL and give
6	441	7 Belvieu	Ave.			Baltim	ore City	2	4 township)
					Yrs.	D. STREET ADDRE	SS (If rural, give loc	ation)	
		ay in Baltimore	2	yrs	Mos. Days	4417 Bel	vieu Ave.		
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED	(S-00:5u)	8. DATE OF BIRTH	9. AGE (In	years II	Under I Year   If Under 24 Hours
	Female	White	Ma	rried	(Specify)	Feb. 5, 187	7 74	day) Mon	oths Days Hours Min.
10	A. USUAL OCC	UPATION (Givekind of	10B. KINI	OF BUSINES	SOR	11. BIRTHPLACE (S	State or foreign country	)	12. CITIZEN OF
wor	cone during most of	working life, even if retired Housewif	e	INI	DUSTRY	Baltimo	re Co.		WHATCOUNTRY
-	. FATHER'S N		1			14. MOTHER'S MA	IDEN NAME		
	Alfred :					Florence	Cole		
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURIT	V NO	17. INFORMANT		D AD	Vieu Ave.
	No	None	0 01 001 7200)	None	1 10.	Rebecca Bu	blavek, 441'		timore.Md.
	18. 44	13 X		C	-	OF DEATH /		0	INTERVAL BETWEEN
	/	E OR CONDITION	DIRECTLY					//	ONSET AND DEATH
	DISEAS	LEADING TO DEA not mean the mode	TH	7	70%	- Visal 1	emoush	201	12.
	(This does heart failur	not mean the mode of e, asthenia, etc. It mes	of dying, e.	g., (A)	ww			The same	- / many
	injury or	complication which	caused deat	h.) DUE TO	//				
		ANTECEDENT CAU	SES		6.	11 . /1-			1011
O	DISEASES	OR CONDITIONS		(B)	11	Jun Cor	- Sign	<b>/</b>	10/10
H	RISE TO TH	OR CONDITIONS,	STATING T	HE DUE TO	AN.	rlessos	clers	7	
CA	UNDERLY	ING CONDITION L	AST.	Talls of the			1+- 1		
		11		(85)	ms	reaso	hyo-Op	tru	430M
노	OTHER SI	GNIFICANT COND	ITIONS CO	N- 17	11	Brakens	a fair		
CERTIF		TO THE DEATH, BUT			0				
				FINDINGS O	F OPERA	ATION			20. AUTOPSY?
EDICAL		Poll !					V		YES NO
H	21A. ACCIDES	VT. SUICIDE, (Specify)	21B. PL	ACE OF INJURY	Y (e. g., in	or 21c. WHERE D		e City, gi	ive exact location)
ME		(D) CCIAS	about nome,		mee biog., or	THE DRY OCCU			
2	P. TIME (I	Month) (Day) (Year)	(Hour)	21E. INJURY O	CCURRE	D 21F. HOW DID	INJURY OCCUR?		
	INJURY				OT WHILE	7 "			
	00 7 7 7		m.		AT WORK L	130	0 - 0 -	105-	/
22. I hereby certify that I attended the deceased from /, 190, to 2, 190 (that deceased alive on 2, 190) (that deceased alive on 2, 190) (that deceased from /, 190) (that deceased from /					that I last saw the				
	23A. S GNAT		2, 19 24/	and that deat		red at m.,	from the causes ar	rd on the	
	23A. 5(SNA)	1111/19/1	MUM		2	PADDRESS	1-1-h	1	23C. DATE SIGNED
24	A BURIAL C	REMA- 24B. DATE	11101	24C NAME OF	M. D.	Y OR CREMATORY	24b. LOCATION (Ci	ty town	or county (State)
TIC	BURIAL, C	ecify)	//					1	
	urial		1951	Druid			Pikesvil:		
LC	TE RECEIVED	BET III	SSIGNATI	JRE		25. FUNERAL DIR			ADDRESS
	FDIO	JJ Mulli	16. 8 8 19 8 1	Minusa M.	160	J.F.Eline	& Sons.Rei	sters	town.Md.



B-400 51 1285

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X 51. 1285

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	Vo
I. NAME OF DECEASED (Type or Print)	PAIGE BULL		2. DATE OF PES	. 10, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived. If	hefore admission)
	pital or institution, give street address or location)	MARYLAND	BALTIMORE	s, write RURAL and give
UNION HEMOR		PARKTON	,	township)
ength of stay in Baltimore	20,5	D. STREET ADDRESS (If	rural, give location)	5300
5. SEX 6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years   Mo	Under   Year   If Under 24 Hours onths   Days   Hours   Min.
FEMALE WHITE	SINGLE	aug 14, 1939	11	1
work done during most of working life, even if retir	ed) INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	NONE	B PARKTON,	190.	USA
JAMES COLE		LORETTA	BULL	
15. WAS DECEASED EVER IN U. S. ARK (Yes, no or unknown) (If yes, give war or d	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	IA A	DDRESS
No -		MOTHER	PARKTON.	MD.
18. 401.3	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	N DIRECTLY	D	// h.	
(This does not mean the mode heart failure, asthenia, etc. It injury or complication which	neans the disease.	E RHEUMATIC /	YEART UISEA	ise II Mos.
ANTECEDENT CA			7	11 11 2 15 31
	(в)	HEUHATIC	+EUER	
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE () UNDERLYING CONDITION	A) STATING THE DUE TO			
UNDERLYING CONDITION	(C)	***************************************		
<u>.</u>				
OTHER SIGNIFICANT CON		-		
TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED ON CAUSING IT			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
NONE	NOR			YES NO
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (10c.) INJURY OCCUR?	If in Baltimore City, g	rive exact location)
21D. TIME (Month) (Day) (Yes				
NONE	m. WHILE AT NOT WHILE	No	NE	
22. I hereby certify that I o	ttended the deceased from 761			, that I last saw the
deceased alive on 768 10	, 1951 and that death occur	red at 955 Pm from t		e, that I last saw the ne date stated above.
23A. SIGNATURE		38 ADDRESS	1 31 -4:10	23c. DATE SIGNED
allan 9. Wol	ensky M.D.	Union Memorial	Hospital	Feb 11, 1951
24A. BURIAL, CREMA- 24B DATE	24C. NAME OF CEMETE	RY CHANGE PRY 240. L	OCATION (City, town,	or county) (State)
Burial teb/	4.1951 PINE GUOVE	0 KN.B /0	erkton 1	8. D. Md.
DATE RECEIVED BY REGISTRA	K'S SIGNATURÉ	25. PUNERAL DIRECTOR	(//. X	ADDRESS
FEB 1 11951	to Killiams M.	4 yacob	Mirlerdo	ex,
VS 150	1		100	111
and the second s		1	28 / Cla	Treedom,
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			fa.

MARKET BROTHWART 3. T. C. L. C. A. With a HE wante Many to the THE STATE OF THE S Detaile & CALE DOWN MARKET STREET, MITTER RUCLEMAN MEANT LINEAUGUST SINGE KHE WILLIAM OF BURE 

### BALTIMORE CITY HEALTH DEPARTMENT

51 1286

ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print) Sr. Mary Mansueta Schneider DEATH Feb. 8							
A.		EATH: City, Maryland			4. USUAL RESIDENCE (		
LI (	FULL NAME OSPITAL OR STITUTION	Notre Dame		ion, give street address or location)			, write RURAL and give township)
	ength of s	tay in Baltimore		44 yrs. Yrs. Mos. Days	4701 D. Char	01	
5.	F	6. COLOR OR RACE	7. SINGLE WIDOW Single	E. MARRIED. ED, DIVORCED (Specify)	July 30, 1873	9. AGE (In years Hast birthday) Mor	Under 1 Year H Under 24 Hours hths Days Hours Min.
worl		CUPATION (Give kind of of working life, even if retired)	Relig	OF BUSINESS OR INDUSTRY	Rimbach		12. CITIZEN OF WHAT COUNTRY?
13	Shann	es Schnere			14. MOTHER'S MAIDEN N	AME	
(Ye	. WAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give wer or dete	FORCES?	16. SOCIAL SECURITY NO.	SR. M. THOM	AC	DORESS I N. CHAS ST. Au
CATION	(This does heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA s not mean the mode complication which ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	TH of dying, e. g ons the diseas caused death SES F ANY, GIVIN STATING TH	(B) Chr	onary Oc	elusión arditis	ONSET AND DEATH
CERTIFICA	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
4L	19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLA ebout home, f	CE OF INJURY (e. g., in arm, fectory, street, office bldg.,		If in Baltimore City, g	
Σ	INJURY	(Month) (Day) (Year	m.	21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK			
	deceased a			and that death occur			, that I last saw the e date stated above.  23c. DATE SIGNED  4-4-10,1451
	N. REMOVAL	PIALIZITA	-51		E CEMETERY CHA		+ HOMELANDA
	ATE RECEIVE		S SIGNATU	RE Liguis MA	25. FUNERAL DIRECTOR	iles 901 S. C	ADDRESS ONKLING ST.
1 200	THE RESERVE	3 11	7				

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13	- 6	4	1287	
	Cx 00			

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1287

					CERIII	- ICA II	OF DEATH	Registered 1	NO
	IRTH NO.								
1.	NAME OF I	IDA	BR	144	(MRS	Louis		2. DATE OF DEATH 2 -	9-51
	Baltimore	City, Mary	land					E (Where deceased lived. If	institution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not	t in hospita	al or institut	tion, give street	t address or location)	C. CITY OR TOWN		
1	RSTITUTION	UNION	ME	MORIA	L HOSE		BALTIM	ORE Z	3-0/ township)
	noth of	stay in Balt	imore	life		Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)  CHARLES	
5.	SEX	6. COLOR C		7. SINGL	E. MARRIED.	Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	F	W		WIDOW	M DIVORCI		DEC 12 188	7 last birthday) Mo	onths Days Hours Min.
not]	k done during most	CCUPATION ( of working life, even	en if retired)		home	SS OR NDUSTRY	MARYLA N		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S		,	0 1122	11020		14. MOTHER'S MAIDE		USA
	1	OSEPH	FI	ELSER	2		RACHE	A 31.00-100-100-100-100-100-100-100-100-100	
15 (Ye	. WAS DECEAS	ED EVER IN U	S. ARMED	FORCES?	16. SOCIAL		17. INFORMANT		DDRESS
					SECUR	ITY NO.	Louis Brill,	1016 S. Charles	s Street
	18. 424	1.1				CAUSE (	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CON	DITION	DIRECTLY				-	ONSET AND DEATH
		s not mean th	TO DEAT	TH	P	MY	OCARDIAL	INFARCTION	V 5 days
	heart fail	ure, asthenia, e	etc. It mean	ns the diseas	se,	······································			
	injury or	complication	which e	aused death	n.) DUE TO				
	BEW I	ANTECEDEN	NT CAUS	ES					
Z	DISEASE	S OR CONDI	TIONS I	E ANY CIVIS	(B)	• • • • • • • • • • • • • • • • • • • •	***************************************	***************************************	
Ĕ	RISE TO	THE ABOVE CA	USE (A)	STATING TH					
CATION	UNDERL	YING CONDI	TION LAS	ST.	(C)				
F									
ERT	TRIBUTIN	SIGNIFICANT G TO THE DEA	CONDITION OF THE	NOT RELATE	ED CE	REAR	-VASCULAR	ACCIDENT	
U	TO THE E	ISEASE OR CO	ONDITION	CAUSING I	т				
ادِ	19A. DATE	OF OPERATIO	DN 0 19	9B. MAJOR	FINDINGS	OF OPER	ATION		20. AUTOPSY?
S				1 -1 -1					YES NO
4EDI	LYING O CAUSE OF	R CONTRIBU DEATH	NDER.		ACE OF INJU farm, factory, stree			(If in Baltimore City, a	give exact location)
-		(Month) (Day	y) (Year)	(Hour)	21E. INJURY	OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	
	YAULNI			m.	WHILE AT WORK	NOT WHILE			
	22. I herel	u certifu th	at Latt	ended the	deceased fr	om FA	B 5 . 1951 to	FEB 9 195	I that I last saw the
Ы		live on F		1951	and that de	ath occur	red at 4:55 Pm fro	m the causes and on ti	he date stated above
	23A. SIGNA			-77	and that de		B. ADDRESS	in the causes and on th	23c. DATE SIGNED
	1///		0/	Bu	thurs	3m. p.	lacon Thear	occal Hosaite	19Feb 1951
24	A. BURIAL.	CREMA- 24B	. DATE		24C. NAME O			D. LOCATION (City, town,	or county) (State)
110	Burial		b 11,1	.951	Arlingto	n Ceme	tery Rogers Ave	e Baltimore M	d
DA	ATE RECEIVE	D BY   REG	ISTRAR'S	SSIGNATU	RE Chizu	ik Amun	25 GOVERAL DIRECTO		ADDRESS //2/1.
L	DAL REGIST	RAR •	with the	M. 4.8. Th	Misses, A	化雕	919	1	21 - +1 26 W
	R 1 136	1	** /	Ti -			soc pure	um t Bus	11 our ave
	VS 150								0 .

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(Here! SAME) HARRY AG

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HOLD So. CHARLES

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S-524
BALTIMORE CITY HEALTH DEPARTMENT

51. 1288

BIRTH NO.	E OF DEATH Registered No				
1. NAME OF DECEASED (Type or Print) Louis Snesil	2. DATE OF 0/20/52				
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) INSTITUTION U.S. MH, Balt, Md	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
or ngth of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)  2203 Bryant ave.				
5. SEX Male  Male  Male  Male  Maltimore  Days  7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  Mar.	8. DATE OF BIRTH  12/18/86  9. AGE (In years of Under I Year last birthday)  Months: Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  Canvasser  Vet. Admin,	11. BIRTHPLACE (State or foreign country)  Austria  12. CITIZEN OF WHAT COUNTRY: US				
Moses Snesil	14. MOTHER'S MAIDEN NAME Rose Schreiber				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) Yes WW I  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Clincial Records				
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Untertimed Obstruction, but to Metalship out to Metalsh					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ATION   20. AUTOPSY?				
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	a or 21c. WHERE DID (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY  MHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?				
deceased alive on Feb. 10, 1951, and that death occur	n.10 , 19 51 to Feb.10 , 19 51 that I last saw the red at 3:15 Pr., from the causes and on the date stated above.  3B. ADDRESS   23C. DATE SIGNED   2/10/51				
24A. BUDIAL, CREMA- 24B. DATE TION REMOVAL (Specify) Z-(1-5)  LEVICE Z-11-5					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ACKREWS ON 210 Section &				
VS 150 496 9	91 46E				

ri r E L ~. Allend And M A CENTRAL CONTRACTOR I DE GALL I of and only it was the Sintak pa all

M-320 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Philip Metz (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITYOR TOWN INSTITUTION SIWAT HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Mart IOA, USBAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working Me, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME LONUT 14. MOTHER'S MAIDEN NAME MILON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) INTERVAL BETWEEN CAUSE OF DEATH 204.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING (c) Chonic lymphatic luchemia RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING CAUSE OF DEATH

ebout home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NJURY

WHILE AT NOT WHILE

22. I hereby certify that I attended the deceased from Leb 9 23A. SIGNATURE

, 195/ to Feb 10 , 195/, that I last saw the deceased alive on Feb - 10 195), and that death occurred at 6 79m. from the causes and on the date stated above

BURIAL, CREMA-REMOVAL (Specify)

NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

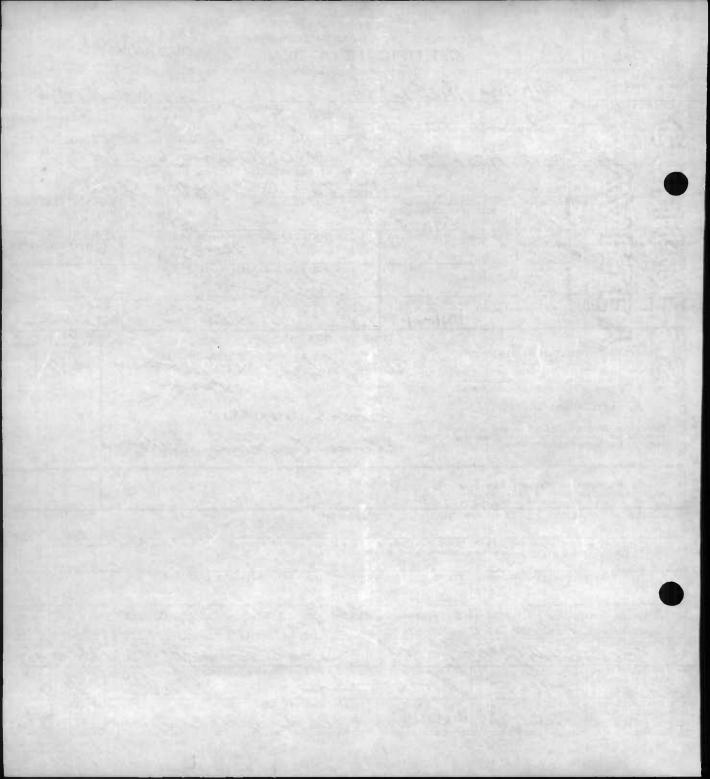
REGISTRAR'S SIGNATURE

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FUNERAL DURECTOR

ADDRESS

VS 150



	P-47	201290					
1	61.	1.290	BAL	TIMORE CITY H	EALTH DEPARTM	ENT 51	1290
BI	RTH NO.			CERTIFICAT	E OF DEATH	Registere	l No.
1. (T	NAME OF D 'ype or Print)	ECEASED HARI	ev S	Pohl	ACK	2. DATE OF DEATH	-9-51
	PLACE OF D Baltimore (	City, Maryland	J		4. USUAL RESIDEN	CE (Where deceased lived.	If institution: residence before admission)
HO	FULL NAME	71.1	7.	on, give street address or location)	C. CURTOR TOWN	(If outside cornwrate li	mits, write RURAL and give
IN	ISTITUTION	2616 Ju	www	ew ave	Haltin	vore /	5-38 township)
	enoth of s	tay in Baltimore		Yrs.	D. STREET ADDRES	(If rural, give location)	ave
	SEX	6. COLOR OR RAC	E   7. SINGLE	Days . MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
10	lale	white		ED, DIVORCED (Specify)		last Arringay)	Months Days Hours Min.
10 ork	A. USUAL OC	CUPATION (Give kind of working life, even if retire	lof 1080KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	~	1	14 MOTHER'S MAID	EN NAME	
/	Valve	ed			Mary		
15 Yes	. WAS DECEASE s, no or nnknown)	ED EVER IN U.S. ARM (If yes, give war or d	IED FORCES? ates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	Pollary-	ADDRESS
	18. Hz	0.1		CAUSE	OF DÉATH	10 asucyc	INTERVAL BETWEEN
	,	SE OR CONDITION			5.)	, ,	ONSET AND DEATH
	heart failu	LEADING TO DE s not mean the mod ire, asthenia, etc. It n complication which	e of dying, e. g neans the diseas	2,	nay Ihr	mhi	1 hay
		ANTECEDENT CA	USES		A	101	
Z	DISEASE	S OR CONDITIONS	LIF ANY, GIVIN	(B)	may 9n	supplies y	Juny
Y	RISE TO T	THE ABOVE CAUSE ( YING CONDITION	A) STATING TH	E DUE TO Y L	nonain Ihr	mbrsi '	
E		11		(c) Hyp	ulturin (	Candis	4 years
ERT	TRIBUTING	BIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITI	JT NOT RELATE	_	ulturin (	Vilan	
		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
NA CA		0	1 04- 51 4	<u> </u>			YES NO
ED	HOMICIDE	ENT, SUICIDE. (Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			y, give exact location)
2	D. TIME	(Month) (Day) (Yes		ZIE. INJURY OCCURR WHILE AT WORK AT WORK		NJURY OCCUR?	
	22. I hereb	y certify that I o			18/0	to 2/9 19	J'/, that I last saw the
					1		the date stated above.
	23A. SIGNA				38. ADDRESS		1 23C DATE SIGNED

2314 2/1015, Entraw M

248. DATE

24C. NAME OF CEMETERY OR CREMATORY

24A BURIAL CREMA-TION REMOVAL (STECTIVE) 2-11-11

24D. LOCATION City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

1310

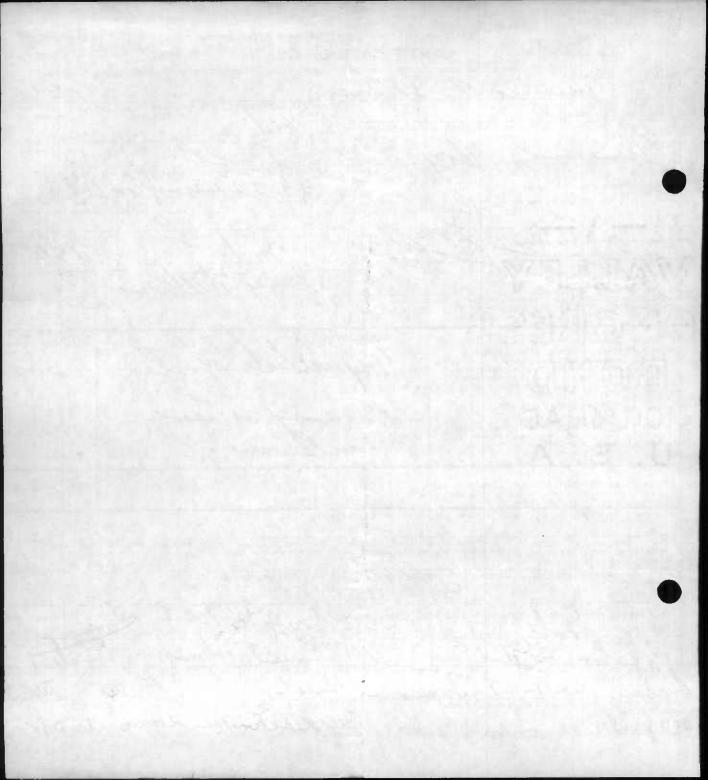
ADRESS

2320 Entain Pe to have to have to Contradord to Whenes with

V-456 BALTIMORE CITY HEALTH DEPARTMENT 1291 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITALOR location C. CITY OR TOWN (If outside Porporate limits, write RURAL and give INSTITUTION township Yrs. D. STREET ADDRESS Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. It Under 1 Year 9. AGE (In years) BIRTH WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State outoreign country) 12. CITIZEN OF INDUSTR) WHAT COUNTRY? les 13. FATHER'S NAME 14. MØT HER'S MALDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17 NFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CEI TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that attended the deceased from . 19 , that I last saw the .. and that death occurred at 5145 fm., from the pauses and on the date stated above. deceased alive on 19 23A. SIGNATURE 238. ADDRESS 3C DATE SIGNED BURIAL, CREMA-24B, DATE MAME OF CEMETERY OR CREMATORY 24D. COCATION (City Jown, or county) (State) 2-11-01 DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

0 0 0

94a



4-510						1000
51. BIRTH NO.	1292			E OF DEATH	Registered No.	1292
1. NAME OF DECE (Type or Print)	ASED MAN	74	HAM	PE	2. DATE OF 2-9.	- 1
a. Baltimore City	, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If ins B. COUNTY	titution : residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION	1.D.	eball	ve street address or location)	c. CITYOR TOWN (If	outside corporate limits, w	rite RURAL and give
c. Sength of stay	in Baltimore		Yrs. Mos. Days	450 Z DW	rural, give location)	lue
Emale 6.0	vhete	7. SINGLE, MA WIDOWED, D		8. DATE OF BIRTH	9. AGE (in years I Und last birthday) Month	er l Year S Days Hours Min.
104. USUAL OCCUP work done during most of work	king life oven if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)   12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	howe		15.1	14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED E (Yes, no or unknown) (	VER IN U.S. ARMED If yos, give war or dates	FORCES? 16.	SOCIAL SECURITY NO.	177INFORMANT		PESS
Z O DISEASES OF RISE TO THE UNDERLYING UNDERLYING TRIBUTING TO	OR CONDITION IS ADING TO DEAT the mean the mode of asthenia, etc. It mean application which control of the conditions of the condition of the death, but it the death, but it to the death it to t	H dying, e.g., steed death.)  ES  ANY, GIVING STATING THE ST.  TIONS CONNOT RELATED	(A) ACM DUE TO (B) DUE TO	t Corbia	Frilme	INTERVAL BETWEEN ONSET AND DEATH
19A DATE OF C	PERATION 15		DINGS OF OPER	ATION		20, AUTOPSY?
22. I hereby condeceased alive	ertify that I atto	about home, farm,	ased from 17 that death occur	ED 21F. HOW DID INJUR  21F. HOW DID INJUR  1950, to 7  red government of med government of med government of med government of med government of the med g	the causes and on the	hat I last saw the date stated above.
24A BURIAL, CRE	MA- 248. DATE (fy) Z-(1-4	5 Ca	NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City town, or	county) (State)
DATE RECEIVED B	Y   REGISTRAR'S	SIGNATURE	U.A. MJR	28. FUNERAL DIRECTOR	2100 bi	law R
EB Is Is So	multi-					94a

Carlotte St. CONTRACT COMMENTS 2-1-5 Pathorn along

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1293

Dittill Ito.				
1. NAME OF DECEASED (Type or Print) LULA B. Cy	DEEN		2. DATE OF DEATH	8.51
a. Baltimore City, Maryland 13/6	Ricas Mr	4. USUAL RESIDENCE (V		institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution)  (If not in hospital or institution)	ution, give street address or location)		outside corporate limit	s, write RURAL and give
00 1316 Reps )	ve	Raltimor	e 16	-0 2 township)
ength of stay in Baltimore 4	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	
5. SEX 6. COLOR OR RAGE 7. ISING	LE. MARRIED.	8. DATE OF BIRTH	9. AGE (In years   last birthday) Mo	Under   Year     Under 24 Hours onths: Days   Hours   Min.
TOA. USUAL OCCUPATION (Give kind of 10B, KI	ND OF BUSINESS OR	BIRTHEL ACT (State or to	oreign country	I2. CITIZEN OF
work doos diving most of working life, even if retired)	INDUSTRY	Man A de la	, seigh country)	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	mym/	DDDESS
(Yes, no of unknown) (If yes, give war or dates of service)	SECURITY NO.	Joseph H. Vos	18em 1366	e hules we
18. 421.4	CAUSE	OF DEATH	4	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e	PI	nic tralingar o	Village al	3119ann
heart failure, asthenia, etc. It means the disc injury or complication which caused dea	ase.	raid		7 400
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING THE OUE TO			
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS C	ON-			
TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
Y MONI	R FINDINGS OF OPER	ATION		20. AUTOPSY?
	LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e		f in Baltimore City, g	
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
m.			9 9 .~	7
deceased alive on 2-8-, 1951		red at 6:15 a.m., from t		, that I last saw the
23A. SIGNATURE		3B, ADDRESS	NHO11 8+	236. DATE SIGNED
24A. BURAL CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNA	TURE LUC	25. FUNERAL DIRECTOR	allemon )	ADDRESS
LOCAL REGISTRAR		Sho. St. Ke	leer	92)
FEB 150 1 hunting	m Philiams M.	CA 13	303 Peers	time, DB.
6.	- pu 10401			

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S-162 ND-14540251 1294

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1294 Registered No.

1.	NAME OF D	DECEASED				2. DATE	
(Type or Print) Charles Severson						OF DEATH Teb	9.1951
3. A.	PLACE OF D Baltimore	City, Maryland	14.0		4. USUAL RESIDENCE	E (Where deceased lived, I	f institution : residence before admission
B.	FULL NAME			ion, give street address or	Maryla	nd	
	STITUTION	Baltimore			C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and giv
2	1	4940 Easte	ern Ave	nue	Baltimore	9.	township
Ĭ				Yrs. Mos.	D. STREET ADDRESS		
		stay in Baltimore		40 Irs. Days	1915 Homewood	Avenue (18)	1,72
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths: Days Hours Min.
-	Male	White	Wid	owed	Feb.21,1873	77	Zajo Ziouro Mill.
worl	A. USUAL, OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
		enter			Missouri		WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAIDE	NAME	
	James	?			Jinny Raisin		
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL		timore City Hot	UDDBES*
(10	, so or one how hy	(1. 300) Bive was of date	a or service)	SECURITY NO.	Records: 494	O Eastern Aven	spitais
	18. / /	nv		CAUSE	OF DEATH		LINTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTIV	0,1002	OI BEATH	Pyelone	phinter and DEATH
		LEADING TO DEAT	TH	. Bilate	ral. Acute & C		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication, which caused death)  With Hypertrophy of median lobe of						
	prostate						
_		ANTECEDENT CAUS	ES				
6	DISEASES	S OR CONDITIONS, II	F ANY, GIVIN	(B)	••••••••••••••••••••••••••••••	***************************************	
F	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
<u>S</u>				(C)			
ERTIFICATION							
2	OTHER S	IGNIFICANT CONDI	TIONS CON				
CE		ISEASE OR CONDITION			Emphysema		6 Months
_		and the		FINDINGS OF OPER			20. AUTOPSY?
Y	1-29-	-51 B	enign P	rostatic Hyper	trophy		YES NO
MEDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, atreet, office hldg., e		(If in Baltimore City,	give exact location)
-	21D. TIME	(Month) (Day) (Year)	(Hour)	1E. INJURY OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	
	MOORT		m. V	WORK NOT WHILE			
	22 I hough	or condition AT and T and			26 1951/to	2-9 10	51.
		y certify that I att		000000000000000000000000000000000000000	, 10-23, 00-	~-7	5, that I last saw the
	23A. SIGNAT	TURE	., 19,		red at 9:30a m., from	m the causes and on t	he date stated above.  23c. DATE SIGNED
			701	7700	4940 Eastern	Avenue	2-10-51
	A. BURIAL, C		10	AC. NAME OF CEMETER		D. LOCATION (City, town	
TIC	N, REMOVAL (S	perify; 7/13/	51	80.00 P	DP	0 0 0 0 A	200
DA	TE RECEIVE	D BY   REGISTRAR'S	SIGNAMIA	RE ILL	25. FUNERAL DIRECTO	all fond	ADDRESS
LC	CAL REGIST	RAR MALLE		Cliances, Mall	I D in MECIC	, D	CO M
L	RIIIa		ris .		John H. 11/00	in 2000	6 Dala H
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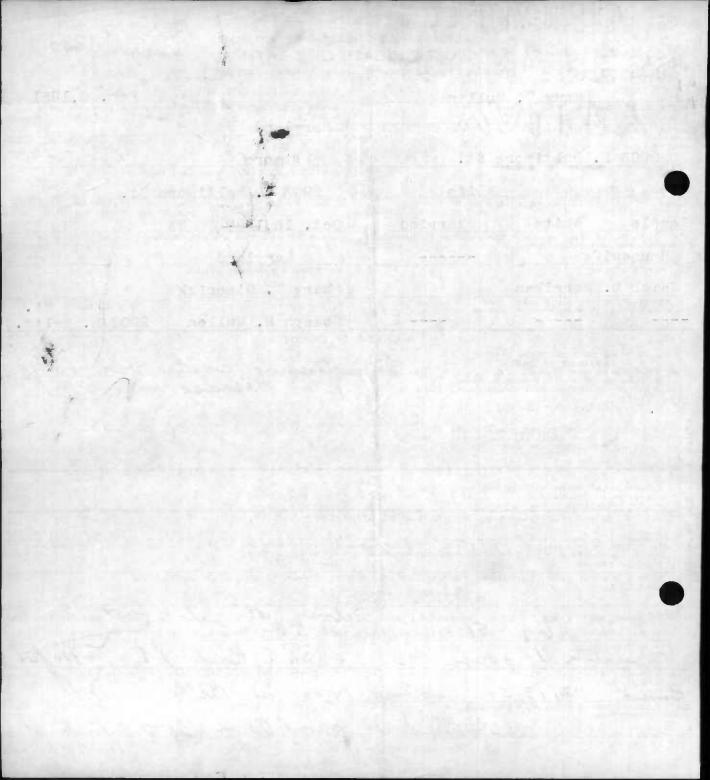
## BALTIMORE CITY HEALTH DEPARTMENT

51. 1295

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Elbridge G. Hagan DEATH Feb. 9,1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 3518 E. Baltimore St. Bal timore o. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore 3518 E. Baltimore St. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years Il Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. White Mala Married IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Egineer (Industral) Maine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. 7-07-4464 MrsElizabeth Hagan 3518 E. Balto. INTERVAL BETWEEN 18. 472.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK . 1957, that I last saw the 22. I hereby certify that I attended the deceased from\_ 1957 to deceased alive on Texa , 1951. and that death occurred at Pm., from the causes and on the date stated above, 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR 240. LOCATION (City, town, or county, DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

AND STREET, STATES OF SELECTION ASSESSMENT 

M-4.	50 CERT	IFICAT	E CORRECTE	) 2-23-51		
BIRTH NO.	1.296		TIMORE CITY HE	EALTH DEPARTMENTE OF DEATH	Registered	No. 1296
1. NAME OF D	ECEASED				2. DATE	
(Type or Print)	Mary T.	Mulle	n		DEATH F	b. 9,1951
B. FULL NAME	City, Maryland			4. USUAL RESIDENCE A. STATE Marvland	(Where deceased lived, B. COUNTY	lf institution: residence before admission)
HOSPITAL OR	OF (II not in nospit	al or institut	ion, give street address or location)		If outside corporate lim	nits, write RURAL and give
00 2903	E. Baltimo	re St.		Bal timore		/ _ township)
			Yrs.	D. STREET ADDRESS (	If rural, give location)	0 4
ength of s	tay in Baltimore	Lif	Mos. Days	2903 E. Ba	timore St	
5. SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 187	9. AGE (In years)	If Under 1 Year   II Under 24 Hours Months: Days   Hours   Min.
Female	White	M	arried	Oct. 15/1997	73	nonths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
Housew	ife			Maryland	1	WHAT COUNTRY
13. FATHER'S				14. MOTHER'S MAIDEN		
	. Merriken			Mary T. Gip	prick	
15. WAS DECEASE (Yes, no or unknown)	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS St.
				Joseph H. Mul	llen 290	3 E. Balto.
18. 44.	3× .		CAUSE	OF DEATH		INTERVAL BETWEEN
1 / 1	E OR CONDITION	DIRECTLY			Jan .	ONSET AND DEATH
(This does	LEADING TO DEA	f dying, e. g	(A) Tayou	entensive c	actio vo	21- 1541
injury or	re, asthenia, etc. It mea complication which c	ns the disease aused death	e,	dise	ase	
	ANTECEDENT CAUS	FS	901111219			
			(8)			
RISE TO T	OR CONDITIONS, IN	STATING TH	G		• • • • • • • • • • • • • • • • • • • •	
	ING CONDITION LA	ST.	(C)			
OTHER S						***************************************
OTHER S	II IGNIFICANT CONDI	TIONS CON				No State of the later of the la
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
	The state of the s		FINDINGS OF OPER	ATION		20, AUTOPSY?
CA						YES NO
21A. ACCID	ENT WAS UNDER. R CONTRIBUTING		CE OF INJURY (c. g., in arm, factory, atreet, office bldg., e		(If in Baltimore City,	give exact location)
210. TIME (	Month) (Day) (Year)	(Hour)   2	21E. INJURY OCCURRE	ED 21F. HOW DID INJUI	RY OCCUR?	
INJURY		m.	WHILE AT NOT WHILE			
22. I hereby	y certify that I att	ended the	deceased from	6 - 1957 to	Jel 9 , 19.	S, that I last saw the
deceased al	ive on Fr 9		and that death occur	red at 5 P.m., from	the eauses and on	the date stated above.
23A. SIGNAT	Non V.	Foch	MD M. D.	2936 E Ba	Ito St.	23c. DATE SIGNED
24A. BURIAL. C	REMA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMAJORY 240.	LOCATION (City, tow	n, or county) (State)
Burral	2/13/	5/	Sacred	Heart Com 1	Balto.	mil
DATE RECEIVED	D BY   REGISTRAR	S SIGNATÚ	RE	25. FUNERAL DIRECTOR		ADDRESS
<del></del>	51	it item	Miliams, Molle	John A Moran	3000 6	Balto H.
Vs hoo		4		18h		937
		. 0.	1 1 11 1	0 1-6 0 1		1/



_ 51.	1297
G-61	2
BIRTH NO.	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1297

В	BIRTH NO.								
T):	NAME OF I	ROBT. H	1.66	R BIG		2. DATE OF DEATH	2/9/51		
	Baltimore	City, Maryland			4. USUAL RESID	ENCE (Where deceased lived B. COUNTY			
В.	FULL NAME		al or institut	ion, give street address or	(1/1/2)				
	OSPITAL OR	1	4_	location)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give township)		
U	1	LUTHERAN	1103			TMORE,	1-1-		
	ength of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDR	GOODALE RI	) 		
5.	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRT		Months; Days   Hours Min.		
	M	W		ARRIED (Specify)	JUNE 9.	1889 61	Months Days Hours Min.		
10	A. USUAL O	CCUPATION (Give kind of t of working life, even if retired)		OF BUSINESS OR	II. BIRTHPLACE	State or foreign country)	12. CITIZEN OF		
W 017	/	RNE /	1	, INDUSTRY -EGAL.	P341771	MORE MO.	WHAT COUNTRY?		
13	FATHER'S			-0/72	14. MOTHER'S MA				
	5	URGE GER	3/4		KATTA	J. BORN			
15	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	. 0. 20/0/	ADDRESS		
(Ye	s, no or naknown	(If yes, give war or date	of service)	SECURITY NO.	1. 0	ET H. GERBIE 10.			
	18. 1	N 2 V		CAUSE	OF DEATH	0,11002/00/8-10	INTERVAL BETWEEN		
	6	SE OR CONDITION	DIRECTIV	OAU5E	OI DEATH		ONSET AND DEATH		
	The state of the s	LEADING TO DEA	TH	(Revi	to Anolon	colati	?		
	heart fail	ure, asthenia, etc. It mea r complication which of	ns the diseas	se,	53				
		ANTECEDENT CAUS	FC	12	0 0 0	^			
Z	ANTECEDENT CAUSES (B) Reval Calculus								
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
A	UNDERL	YING CONDITION LA	ST.	NE 002 10					
FIG									
ERTIFIC	OTHER	11		0.1	- 40 · - A -				
	TRIBUTIN	SIGNIFICANT CONDI	NOT RELAT	ED	ary dam	-00			
U		OF OPERATION . 1		FINDINGS OF OPER	ATION	coug	l 20. AUTOPSY?		
AL		0					YES NO		
EDICA		ENT. SUICIDE.		ACE OF INJURY (e. g., i		OID (If in Baltimore Cit	y, give exact location)		
	HOMICIDE	(Specify)	about home,	ferm, factory, street, office bldg.,	INJURY OCCU	IR7			
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?			
	INJURY		m.	WHILE AT NOT WHILE					
	22. I herel	by certify that I att			- 5 , 195	1 to 2 - 9 15	51, that I last saw the		
				and that death occur	red at 11 13 Am.	, from the causes and or	the date stated above.		
	23A. SIGNA	TURE AA	, 10		1). ADDRESS	4.4	23C. DATE SIGNED		
	Stand	ley Wet	ntipe	M. D.	hilleton	thep.	2-9-51		
24 TI	4A. BURIAL.	Specify		24c. NAME OF CEMETE		24D. LOCATION (City, to	wn, or county) (State)		
	BURIAL	2/12/	51	LOUDON 1	PARK	FREDERICK ,	ROAD		
	ATE RECEIVE	TRAR REGISTRAR	SSIGNATU	PELLIAMA, MORE	25. FUNERAL DIR	ECTOR	ADDRESS		
	1105	1	-	11.42.00000011181000	JOHN F.	DENNY INC	715 LIGHT ST		
E	VS 150						1, -30		
1				055	EU.	996	61		
	Land Land			Mary and the Amount		ta 5			

2403 20000 act of the land Kend Calmer est 51 Carping of miller 2-511311 21 2-9 Jealey B) Comber ( Inter Hoy. 13-19-5

10-450

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 1298

1. 0	RTH NO.	J.K. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		- CERTITION	E OF DEATH	Registered :	
(Ту	NAME OF DECEA pe or Print)	DULA	YNE'Y	DR.	DEIVITY.		- FEB 1951
	Baltimore City,				4. USUAL RESIDENCE (\) A. STATE	Where deceased lived, It B. COUNTY	institution: residence before admission)
	TULL NAME OF SPITAL OR	(If not in hospi	tal or instituti	ion, give street address or		HARFOR	
INS	STITUTIONCL	und of	ome 1	Hospital.	PERRYMAN.	outside corporate limi	ts, write RURAL and give township)
				Yrs.	o. STREET ADDRESS (If	rural, give location)	
	ength of stay i			Mos. Days			6200
1	MALE	OLOR OR RACE	WIDOW	E. MARRIED, ED, DIVORCED (Specify ARRIED	JUNE 28 188	9. AGE (In years last birthday)	if Under 1 Year onths Days Hours Min.
work d	. USUAL OCCUPA	ATION (Give kind of ing life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME		Medies	1 Doelor	MARYLAND		US
	11	LANEY			14. MOTHER'S MAIDEN N		
15.	WAS DECEASED EV	ER IN U. S. ARME	D FORCES?	16. SOCIAL		ENNEDY	
(Yes,	nu or nnknown) (1f	yes, give war or date	es of service)	SECURITY NO.	17. INFORMANT PATIENT	A	DDRESS
	18. 442	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE O	R CONDITION					ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  OUE TO						3,0A4S
	ANT	ECEDENT CAU	SES	0			
NOIL							YEAR
	DISFASES OF	CONDITIONS	IE ANY CIVIN				10.5
FA	RISE TO THE-A	CONDITIONS, BOVE CAUSE (A) CONDITION L	STATING TH	E DUE TO THY	PERTENSIVE C	ardio 495 cula	R
CATI	RISE TO THE-A	BOVE CAUSE (A)	STATING TH	G Y HV	PERTENSIVE C		R
TIFICATI	RISE TO THE-A UNDERLYING	BOVE CAUSE (A) CONDITION L	STATING TH	DISE	PERTENSIVE C	ardio pas cula	JDAVS
ERTIFICA	OTHER SIGNI	BOVE CAUSE (A) CONDITION L  II FICANT COND THE OEATH, BUT	STATING THAST.	DISE COllapse of	PERTENSIVE C	ARDIO PAS CULA	B JDAYS.
CERTIFICA	OTHER SIGNI	BOVE CAUSE (A) CONDITION L  II FICANT COND THE OEATH, BUT E OR CONDITION	STATING THAST.  ITIONS CON NOT RELATE CAUSING I	DISE COllapse of	PERTENSIVE CASE  12THORACK UED  Tundial In	ARDIO PAS CULA	32495
CERTIFICA	OTHER SIGNI TRIBUTING TO TO THE OISEAS  19A. DATE OF OF	FICANT CONDITION L.  FICANT COND THE OEATH, BUT E OR CONDITION PERATION	STATING TH AST. ITIONS CON NOT RELATE N CAUSING I'	DISE  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	PERTENSIVE CA PSE 127HORACK VE) Cardial Ing RATION	ARDIO OAS CILA Faretion	SYEARS.  20. AUTOPSY?  YES NO W
EDICAL CERTIFICA	OTHER SIGNI TRIBUTING TO TO THE OISEAS  19A. DATE OF OF	FICANT CONDITION L.  FICANT COND THE OEATH, BUT E OR CONDITION PERATION	STATING THAST.  ITIONS CON NOT RELATE N CAUSING IT	DISE  COllapse of the collapse	PERTENSIVE CA PASE 12 THORAGE VED Cardial In RATION	ARDIO PAS CULA	SYEARS.  20. AUTOPSY?  YES NO W
MEDICAL CERTIFICA	OTHER SIGNI TRIBUTING TO TO THE OISEAS  19A. DATE OF OF	FICANT CONDITION L.  FICANT CONDITION THE OEATH, BUT E OR CONDITION PERATION  SUICIDE, secify)	ITIONS CON NOT RELATE CAUSING IT	DSE  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	PERTENSIVE CARSE  12 THORAGE VER  Cardial Ingration  RATION  21C. WHERE DID (1)  11 JURY OCCUR?  ED 21F. HOW DID INJURY	ARDIO ORS CILA  RISARI  Faretion  If in Baltimore City,	SYEARS.  20. AUTOPSY?  YES NO W
MEDICAL CERTIFICA	OTHER SIGNI TRIBUTING TO TO THE OISEAS  19A. DATE OF OF  21A. ACCIDENT, 1 HOMICIDE (Sp.	FICANT CONDITION L.  FICANT CONDITION THE OEATH, BUT E OR CONDITION TERATION TO SUICIDE, oecify)  h) (Day) (Year	STATING THAST.  ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR  21B. PLA about home, fe	FINDINGS OF OPER  CE OF INJURY (e. g., rarm, factory, street, office bldg  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  AT WORK	PERTENSIVE CAREE OF LAND CAREE OF LINGUIST OCCUR?	ARDIO ORS CILA  RISARI  Faretion  If in Baltimore City,	SYEARS.  20. AUTOPSY?  YES NO W
MEDICAL CERTIFICA	OTHER SIGNI TRIBUTING TO TO THE OISEAS  19A. DATE OF OF  21A. ACCIDENT, HOMICIDE (Sy)  10. TIME (Mont) 1NJURY	FICANT CONDITION L  FICANT CONDITION THE OEATH, BUT E OR CONDITION PERATION  SUICIDE, becify)  h) (Day) (Year	STATING THAST.  SITIONS CON NOT RELATE N CAUSING I' 19B. MAJOR  21B. PLA about home, fa with the second state of the second st	FINDINGS OF PER  CE OF INJURY (e.g., arm, factory, street, office bldg  21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK  deceased from PE	PERTENSIVE CARSE  /2 THORAGE VE)  Cardial In  RATION  TO 21C. WHERE DID (1)  INJURY OCCUR?  ED 21F. HOW DID INJURY  B 8 ,1951, to	FROIS ORS CILA  RIGHT  Faretum  If in Baltimore City,  Y OCCUR?	JDAYS  SYERS  20. AUTOPSY?  YES NO W  give exact location)  1. that I last saw the
MEDICAL CERTIFICA	OTHER SIGNI TRIBUTING TO TO THE OISEAS  19A. DATE OF OF  21A. ACCIDENT, HOMICIDE (Sy 10. TIME (Mont) 1NJURY  22. I hereby cer deceased alive to	FICANT CONDITION L.  FICANT CONDITION DEPENDENT OF CONDITION DEPONDENT DEPONDE	STATING THAST.  SITIONS CON NOT RELATE N CAUSING I' 19B. MAJOR  21B. PLA about home, fa with the second state of the second st	TO THE DOE TO THE TO TH	PERTENSIVE CAREE OF CARDION (1)  RATION  THE OF THE PROPERTY OF THE OF T	ARDIO ORS CILA  RIENT  Fareture  If in Baltimore City,  Y OCCUR?  The causes and on t	20. AUTOPSY? YES NO DE N
MEDICAL CERTIFICA	OTHER SIGNI TRIBUTING TO TO THE OISEAS  19A. DATE OF OF  21A. ACCIDENT, HOMICIDE (Sy)  10. TIME (Mont) 1NJURY	FICANT CONDITION L  FICANT CONDITION THE OEATH, BUT E OR CONDITION PERATION  (PERATION)  (Day) (Year  Cify that I at:	STATING THAST.  SITIONS CON NOT RELATE N CAUSING I' 19B. MAJOR  21B. PLA about home, fa with the second state of the second st	TO THE DOE TO THE TO TH	PERTENSIVE CARSE  /2 THORAGE VE)  Cardial In  RATION  TO 21C. WHERE DID (1)  INJURY OCCUR?  ED 21F. HOW DID INJURY  B 8 ,1951, to	Faretum  If in Baltimore City,  Y OCCUR?  The causes and on t	JDAYS  SYERS  20. AUTOPSY?  YES NO W  give exact location)  1. that I last saw the
MEDICAL CERTIFICA	OTHER SIGNI TRIBUTING TO TO THE OISEAS  19A. DATE OF OF  21A. ACCIDENT, HOMICIDE (Sy 10. TIME (Mont) 1NJURY  22. I hereby cer deceased alive to	FICANT CONDITION L.  FICANT CONDITION DE CON	ITIONS CON NOT RELATE CAUSING 1' 19B. MAJOR 21B. PLA about home, feel of the causing 1' 19 m. We tended the causing 1' 19 m.	FINDINGS OF SPER  CE OF INJURY (e.g., arm, factory, street, office bldg.  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  deceased from Hand that death occur  And that death occur	PERTENSIVE CARE  27 HORACC VER  Cardial In  RATION  THE 21C. WHERE DID (1)  INJURY OCCUR?  THE 21F. HOW DID INJURY  B. 8, 191, to  The at 10.0 Fin., from to  23B. ADDRESS  CHIRCH HOME	Faretron  If in Baltimore City,  Y OCCUR?  The causes and on to	20. AUTOPSY? YES NO DE Sive exact location)  1, that I last saw the he date stated above.  1 DAYS NO D
MEDICAL CERTIFICA	OTHER SIGNI TRIBUTING TO TO THE OISEAS  19A. DATE OF OF  21A. ACCIDENT, SHOWIGIDE (ST.)  19A. DATE OF OF  21A. ACCIDENT, SHOWIGIDE (ST.)  21A. ACCIDENT, SHOWIGINE (ST.)  21A. ACCIDENT, SHOWI	FICANT CONDITION L.  FICANT CONDITION L.  FICANT CONDITION CONDITI	ITIONS CON NOT RELATE CONTROL OF RELATE CONTROL	FINDINGS OF OPER  CE OF INJURY (e. g., arm, factory, street, office bldg.  21e. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  deceased from A dec	PERTENSIVE CAREE DID (1) RATION  RATION  B. 21C. WHERE DID (1) RED 21F. HOW DID INJURY  B. 3151, to  Perred at 0.0 Fin., from to  23B. ADDRESS  PRIVATE HOME  PRIVATE OF THE PRIVATE OF TH	Faretum  If in Baltimore City,  Y OCCUR?  The causes and on to	JOAYS  SYENCE  20. AUTOPSY?  YES NO DE SIVE END NO DE STATE SIGNED  The date stated above.  A DATE SIGNED  TO TO THE SIGNED  TO THE SIG
MEDICAL CERTIFICA	OTHER SIGNIT TRIBUTING TO THE OISEAS 19A. DATE OF OF 21A. ACCIDENT, HOMICIDE (Sylvan) 19A. TIME (Mont INJURY) 22. I hereby cerd deceased alive of 23A. SIGNATURE A. BURIAL, CREMOVAL (Specify REMOVAL (Specify REM	FICANT CONDITION L.  FICANT CONDITION L.  FICANT CONDITION L.  FICANT CONDITION  THE OEATH, BUT  FERATION 1  SUICIDE, Decify)  The OEATH (Year Condition)  The OEATH (Year	ITIONS CON NOT RELATE CONTROL OF RELATE CONTROL	FINDINGS OF OPER  CE OF INJURY (e. g., arm, factory, street, office bldg.  21e. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  deceased from A dec	PER TENSIVE CARENTE OF THE PROPERTY OF CREMATORY 24D. L.	FOR THE PARTY OCATION (City, town	20. AUTOPSY? YES NO DE SIGNED  A, that I last saw the he date stated above.  Pac DATE SIGNED  Or county) (State)
MEDICAL CERTIFICA	OTHER SIGNI TRIBUTING TO TO THE OISEAS  19A. DATE OF OF  21A. ACCIDENT, 1 HOMICIDE (Sp. 10. TIME (Mont) INJURY  22. I hereby cer deceased alive of 23A. SIGNATURE  A. BURIAL, CREM, REMOVAL (Specify) TE RECEIVED BY	FICANT CONDITION L.  FICANT CONDITION L.  FICANT CONDITION CONDITI	ITIONS CON NOT RELATE CONTROL OF RELATE CONTROL	FINDINGS OF OPER  CE OF INJURY (e. g., arm, factory, street, office bldg.  21e. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  deceased from A dec	PERTENSIVE CARE    2THORAGE VE)   Candial Ingradial Ingradial Ingradial Ingradial Ingradian   Ingradian Ingradian   Ingradian Ingradian   Ingradian	Faretum  If in Baltimore City,  Y OCCUR?  He causes and on to  OCATION (City, town  Try waw, I	JOAYS  SYENCE  20. AUTOPSY?  YES NO DE SIVE END NO DE STATE SIGNED  The date stated above.  A DATE SIGNED  TO TO THE SIGNED  TO THE SIG

Valence and the

1. NAME OF DECEASED MILCRED RICHARDS 2. DATE OF DEATH FEB	9.1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  B. COUNTY  B. COUNTY	tution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND	
INSTITUTION   C. CITY OR TOWN (If outside corporate limits, w)	ite RURAL and give township)
DALIMORE	,
Length of stay in Baltimore  Yrs. Mos. Days  718 HICKORY AVE	
5. SEX   6. COLOR DR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years)   1 Under	
FEMALE White PIARRIED 10-15-09 last birthday) Months	Days Hours Min.
104. USUAL OCCUPATION Give kind of Working bild even if retired) 10B. KIND OF BUSINESS OR III BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Nouseulle 1/12	WHAT COUNTRY
13. FATHER'S MAIDEN NAME	
William Louger Dertha Brown	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDR	ESS
/ WAAD DUFAINS RUSTILEL	
18. 4/0 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,  (A) Rheumotic Heart Disease with	
injury or complication which caused death.) DUE TO mithal stands and insufficience	2211
ANTECEDENT CAUSES	10 713
O DISEASES OR CONDITIONS, IF ANY, GIVING (B) and tricuspid insufficiency	••••••
RISE TO THE ABDVE CAUSE (A) STATING THE OUE TD UNDERLYING CONDITION LAST.	(over)
(C)	
UNDERLYING CONDITION LAST.  UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION _ 19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  (If in Baltimore City, give INJURY OCCUR?	exact location)
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that Lattended the deceased from 12-3-1950 to 2-9-, 1951, th	at I last saw the
deceased alive on 2-9-, 195/, and that death occurred at 32 m., from the causes and on the di	
23A. SIGNATURE 23B. ADDRESS ADMIS HOPKIES HOSPITAL	C. DATE SIGNED
24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETERY DE CREMATORY 24C. LOCATION (City town of C	18p1,7,05
24A. BURIAL, CREMA- TION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY DR CREMATORY 24O. LOCATION (City, town, or co	ounty) State)
( HINIAN) OTESTICALO ( 11/0 AVEL ( WASHING TOO I LAND IN A	

VS 150 F 1 5 1 A 1

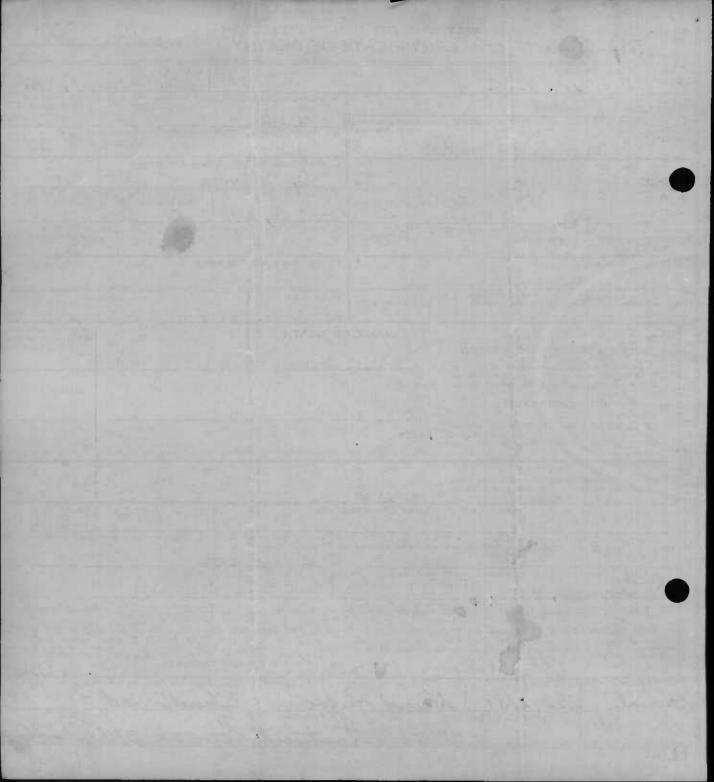
LOCAL REGISTRAR

I van the R Hoontelen a gover promot by adm RE at the time of death; under, que sucret a decorre contit in? See Document File 51-1299 for Autopsy Report (no mention of activityin this report) 2/28/51 ES the same the Teath Spennight 27, To your from her provide home promote paste superior - Les

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1300

BIRTI	H CON H	13.00		CERTIFICATI	E OF DEATH	Registered N	0
	ME OF D or Print)					2. DATE	4 2053
	ACE OF D	VIOLA M. DOR	SEY		4. USUAL RESIDENCE (		nary 8, 1951
А. Ва	ltimore (	City, Maryland			A. STATE	B. COUNTY	before admission)
HOSE	LL NAME	OF (If not in hospit	al or institut	tion, give street address or location)		f outside corporate limits	s, write RURAL and give
INST	ITUTION	Union Memori	al Hosi	nital	Baltimore	15-	township)
		OHIOH ALOMOI L	CL NOD	Yrs.	D. STREET ADDRESS (If	rural, give location)	
e	ength of s	tay in Baltimore		Mos. Days	3614 Elm Aven	iue	
5. SE	X	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		under I Year   If Under 24 Hours nths: Days   Hours   Min.
fem		white	Marr	ried	April 22, 1897	53	
		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	acker		Md Nu	it & Bolt Co	Laryland		U.S.
13. F	ATHER'S	NAME		(71)	14. MOTHER'S MAIDEN N		
15 W		am Freeland		16. SOCIAL	Linnie Stu		DDEECC
		(If yes, give war or date		SECURITY NO.	17. INFORMANT		DDRESS
				04110=	Myrtle V. Ens	or 5623 Ule	INTERVAL BETWEEN
18	3. E9	SE OR CONDITION	DIDECTIV		OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH		le gunshot wounds	of the chest	
	heart failt	ire, asthenia, etc. It mea	ns the disea	se,	T. B (g)	4.44	
	,	ANTECEDENT CAUS					
				(B)		*·************************************	
Ó	RISE TO T	S OR CONDITIONS, I	STATING T				
AT	UNDERL	YING CONDITION LA	AST.	(C)		***************************************	
RTIFICATION		11					
F		GIGNIFICANT CONDI					
Ш		SEASE OR CONDITION OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
``اد	A. DATE C	OF OPERATION 1	SB. MAJON	TINDINGS OF OFER	ATTON		YES X NO
V 21		NAL CAUSE WAS		ACE OF INJURY (e. g., it farm, factory, street, office bldg., e		If in Baltimore City, g	ive exact location)
		G 🕱 OR CONTRIB- CAUSE OF DEATH.		home	3614 Elm Aven	nue	
Σ 2	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR		
		ruary 8, 1951	4.30	WHILE AT NOT WHILE	x   Shot during a	ltercation	
2:			7 \ (1)	remains described of	bove, held anau	rtopsy	_ thereon and from
	the evi	idence obtained by	said Aut	opsy, Inspection or 1	Autopsy, Inquiry, find that said d	Inspection or Inquiry eceased died on th	e day stated above
	and de	eath in my opinion	resulted	from: natural causes	B □, aeeident □, suicide	□, homicide 🖾, u	ndetermined [].
2:	3a. SIGNA	RE	-100	-	23B, CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER	
24A.	BURIAL.	CREMA- 24B. DATE	Cock	24c NAME OF CEMETE	.D.   MEDICAL INVESTIGAT RY OR CREMATORY   24D. L	OCATION (City, town,	reb. 9, 1951 or county) (State)
TION	REMOVAL (S	F. A 12	151	David N	das P	funille me	P
DATE	RECEIVE		S SIGNATE	JRE	79. FUNERAL DIRECTOR	thouse yay	ADDRESS
LOCA	AL REGIST	RAR	j	VIII and M. M.	until 8. So	novay - 38	18 Holand Gre
¥-5-	151	151 San AC	T. W. T.	19020			111
E mes	N-	862.4	(A	67430	1 2 9 9	)	166 V



11 "	7-60	54	1301
5		E OF DEATH Registered No.	
В	RTH NO.	E OI BEATTI	
	NAME OF DECEASED Hamile Co.	her 2. DATE OF DEATH TEL.	10.1951
	PLACE OF DEATH: Baltimore City, Maryland///om (2)	4. USUAL RESIDENCE (Where deceased lived. If ins	stitution: residence before admission
	FULL NAME OF (If not in hospital or institution, give street address of		
	DESTITUTION FORMS ROPKIES ROSPITES	C. CITTON TOWN (II outside corporate limits, v	vrite RURAL and giv township
	Yrs.	D. STREET ADDRESS (If rural, give location)	- Kurise
	Length of stay in Baltimore Mos. Days		
9	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years if the last birthday) Month	der I Year If Under 24 Hours has Days Hours Min.
10 wor	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	In M. Topel.	Danie banenba	A
15 (Y)	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SPOOD naknown) (If yes, give wer or dates of service) SECURITY NO	17 NFORMANT	RESS
7	(I yes, give wer or dates of service) SECURITY NO.	HOWEN ROPKINS HOSPITAL	
	18. 606 X CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 00	
	(This does not mean the mode of dying, e.g.,	ulalary Callagese	2 facy
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1-1-1	
	ANTECEDENT CAUSES	longer infection of wound	
z	(8)	vience X-ray luces with	The state of the
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	as to ald minel wall	21
1	UNDERLYING CONDITION LAST,	race to executate to an	2 2 years
FIC	AMI	will the way will -	
CERTI	OTHER SIGNIFICANT CONDITIONS CON-	al Jatterati to dero	
1	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
CAI	Sent-dan 1980-51 and live onerate	in to transland by wold to	YES NO K
EDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		e exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
	F INJURY  m. WHILE AT NOT WHILE AT WORK  AT WORK		
	22. I hereby certify that I attended the deceased from	-22-, 1950 to 2-10-, 1951t	hat I last saw th
	deceased alive on 4-10-, 1951 and that death occu	rred at 8:35 m., from the causes and on the	date stated above
			23c. DATE SIGNED
24	A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
	REMOVAL FEB. 11, 1951 PINE	VILLE PINEVILLE,	KENTUCK
	TE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A	DDRESS
-	こり1つ10日1年二十年 大学 大学 14月1日 14月1日	Nichol C 1 a	- >

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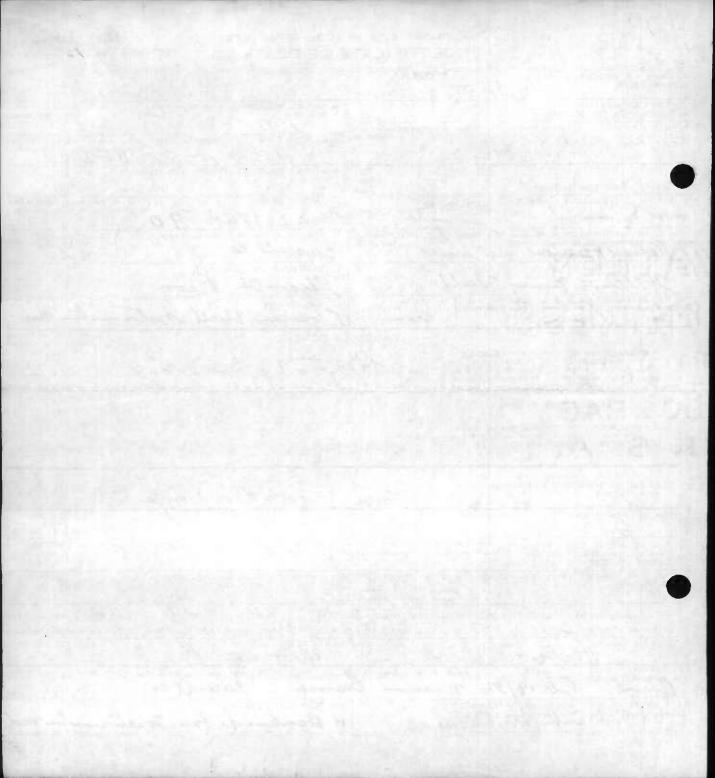
135 B

There is no mention have of carrieron would you mind resifying the select (If mealignant - From clinical history of decease - was their ordination of the protester primer ate ?) me Testant sa gos to headher feature!

5. B	1 4 7 6 8 7 7	EALTH DEPARTMENT E OF DEATH	Registered N	1.302
	NAME OF DECEASED HOWARD 1 HULL		2. DATE OF DEATH 2 -	11-51
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (V		nstitution: residence before admission
H	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location		outside corporate limits	Write BURAL and give
3	Istitution Unic. Hosp.	WESTM	INSTER TR	FD2 township
	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	71.00
	Length of stay in Baltimore  Days  SEX   6.COLOR OF RACE   7. SINGLE MARRED	8. DATE OF BIRTH	9. AGE (in years	Under I Year   If Under 24 Hours
	Sungle (Specify			ths Days Hours Min.
wor	A. USUAL OCCUPATION (Give kind of k done for in prost of vorking life, even if retired)  INDUSTR:	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	William Henry Hell	14. MOTHER'S MAIDEN N	AME	79 20.
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	em	DDESC
(10	n, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Flource Hu	U Heston	returned
	2101	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	206 V	aslan-	2
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	7	es vaage	
	ANTECEDENT CAUSES			of the late of the
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************	
ATIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
FICATION	(C)		•••••••••••••••••••••••••••••••••••••••	
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	motatic	the part	
		ANTION	11/	20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g.,	in or   21c. WHERE DID (1	f in Baltimore City, gi	YES NO L
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?	I in Baltimore City, gr	ve exact nocation)
	*ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY  WHILE AT NOT WHILE		OCCUR?	
	m.   work   AT WORK		5 11 6	
	22. I hereby certify that I attended the deceased from deceased alive on 2-//, 195/, and that death occu		$\frac{2-1}{195}$ , $\frac{5}{195}$ , he causes and on the	
		23B. ADDRESS	A 1	23c. DATE SIGNED
21	AA. BURIAL, CREMA- 24B. DATE ZAC. NAME OF CEMETI	ERY OR CREMATORY   246, L.	OCATION (City have	2-11-51
TIC	Bureal Feb. 14/51 meadow &	ranch las	OCATION (City, town, o	or county) (State)
7	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	free 74 to	ADDRESS to MA

VS 150

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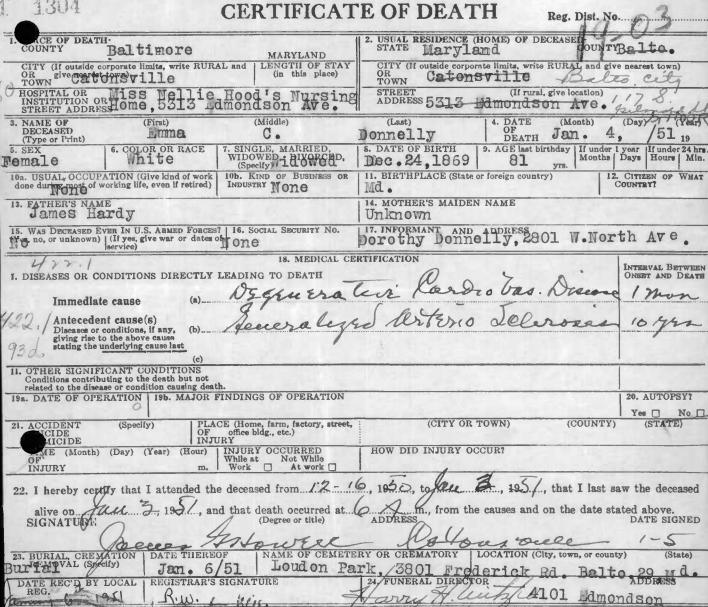
L	16 0 1 13	03	ВА		EALTH DEPARTME E OF DEATH	NT Registere	51.	1.303
	NAME OF D	ECEASED	San	ve/ Um/	Willer Mi	2. DATE OF 2 DEATH	-/11/51	
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, glvc street address or HOSPITAL OR location) INSTITUTION					4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
	Y	41 Universit	7 0%	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)  225 N. Duke 5+			
				Days E. MARRIED. YED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirthday)		H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  Physician  INDUSTRY					II. BIRTHPLACE (State or foreign country)  Lancaster, Pa.  12. CITIZEN OF WHAT COUNTRY?			
David Miller					14. MOTHER'S MAIDEN NAME Caroline			
(Ye	o. WAS DECEASE	ED EVER IN U.S. ARMEE (If yee, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	Mrs. C. Webste	er Abbott 641	ADDRESS L W. Univ	. Pkw.
RTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, lnjury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  Antecause of DEATH  (A)  Antecause of DEATH  DUE TO  (B)  DUE TO							AND DEATH
ш	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED  T				
EDICAL C	21A. EXTERN	NAL CAUSE WAS G OR CONTRIB-	21s. PL	FINDINGS OF OPER  ACE OF INJURY (e. g., if	n or 21c. WHERE DID	(If in Baltimore Cit	YES	NO Ocation)
ME	210. TIME OF INJURY	(Month) (Day) (Year)	,	2 IE. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID IN.	JURY OCCUR?		
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dand death in my opinion resulted from: natural causes Accident , suicide , homicide , unde  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER						the day sto	ncd .
M.D.   MEDICAL INVESTIGATOR								
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR WILLIAM WILLIAM VICENCE SON MAR. Ballon								
V	S 151	-			(/		921	1/4

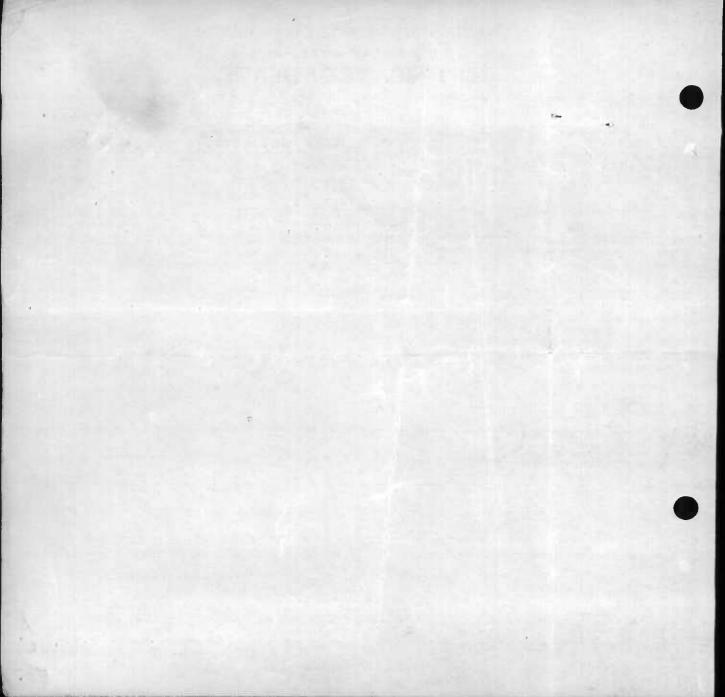
remaining the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

51 1304





# 1.305

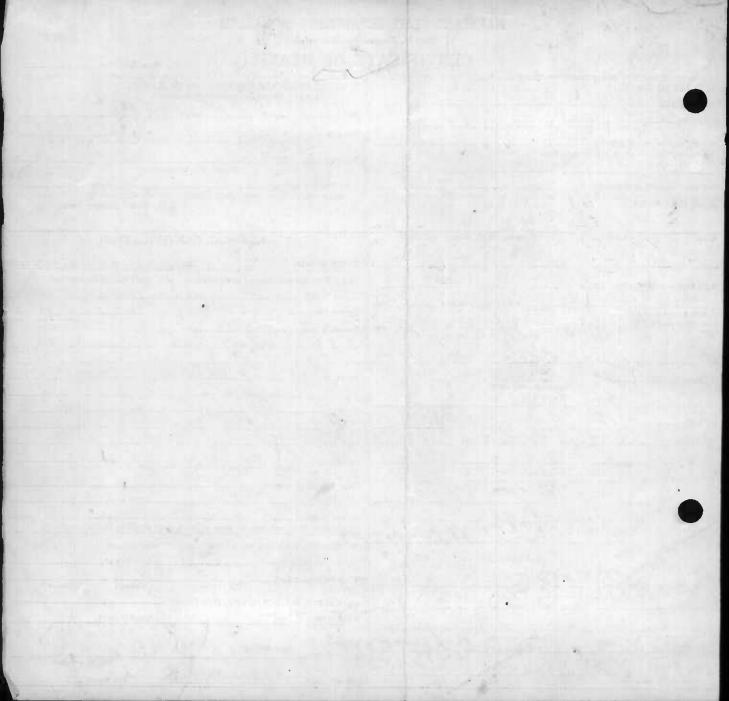
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

51. 1.305

### CERTIFICATE OF DEATH 4221 Reg. Dist. No. 3.....

Catonsville (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Syrs.  Hood Rest Home	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate		
How long in hospital or instillution?	2.(a) It veteran, name war		
3.(a) FULL NAME Mary Timmermann	3. (b) Social Security Number		
4. Sex FEMAL Color or race   S.(a) Single, married, widowed, or divorced   Nidowed	MEDICAL CERTIFICATION  20, DATE OF DEATH Jan - 30, 19.51, 217:30A		
B.(b) Name of husband or wife Rudolph Timmermann  5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) Feb. 25, 1866	21. I CERTIFY that death occurred on the date above stated: that attended deceased from 1950 and that I last saw h. 2000 alive on 1950 and that I last saw h. 2000 alive on 1950 and that I last saw h. 2000 alive on 1950 and that I last saw h. 2000 alive on 1950 and that I last saw h. 2000 alive on 1950 and that I last saw h. 2000 alive on 1950 and that I last saw h. 2000 alive on 1950 alive o		
8. AGE: Years Months Days It less than one day  84 11 5	Immediate cause of death DURATION DURATION / WEEKS		
Germany  9. Birthplace (Town, county, and state)  10. Usual occupation Home Duties	Due to.  Due to.		
12. Name Gerhardt Wesselman  13. Birthplace Germany  14. Maiden name Germany  15. Birthplace Germany	Other conditions  422.  (Include pregnancy within 8 months of seath)  Major findings of operations  Date of on.		
Address 755 Grantley St.	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial  (Burial, cremation, or removal Which)  Cemetery or crematory  Baltimore  Baltimore,  Location  18. Funeral director  Address / 91.3 W Baltimore	22. VIOLENCE: tt death was due to external causes, till in the tollowing;  Accident, suicide, or homicide		
10 2/ EB 1 2195157 Pp Hadril	23. SIGNATURE. M. D. or other		

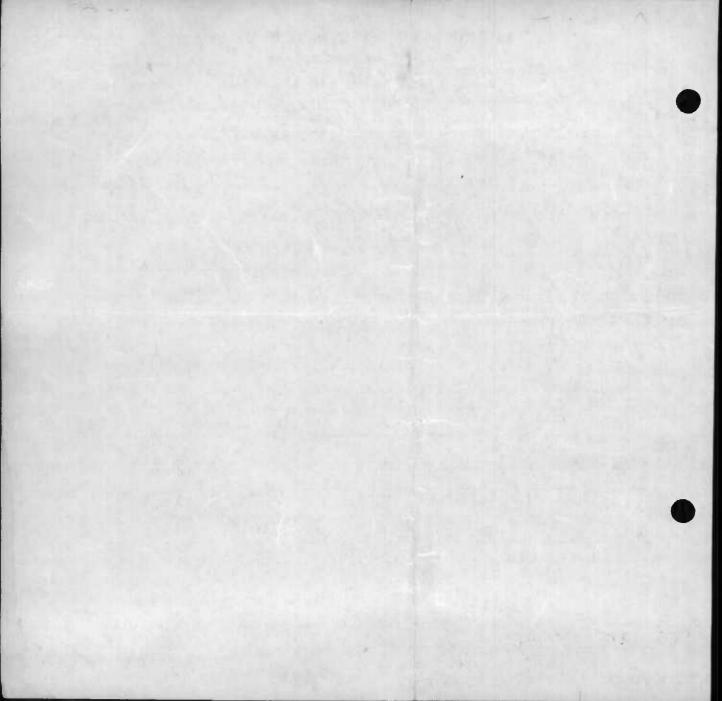


#### MARYLAND STATE DEPARTMENT OF HEALTH

51. 1306

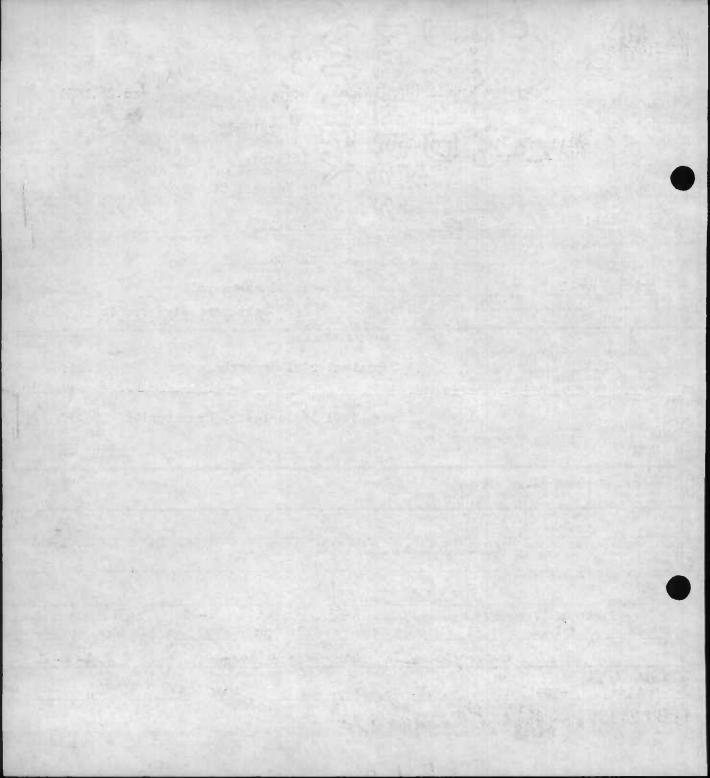
## 2411 N. Charles Street, Baltimore 443 X CERTIFICATE OF DEATH

	neg. Dist. No
1. CE OF DEATH.	RESIDENCE (HOME) OF DECEASED
COUNTY Balto MARYLAND STATE	hid COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY   CITY (I	If outside corporate limits, write RURAL and give nearest town)
OR givo nearest town atomo mile (in this place) OR TOWN	Balto
HOSPITAL OR STREET	
INSTITUTION OR STREET ADDRESS TO ALL MANAGE HOME	
DECEASED M	4. DATE (Mapth) (Day) (Year)
(Type or Print) Many Que Elde	DEATH 19 S
6. COLOR OR RACE 7 SINGLE, MARRIED, 8. DATE C	OF BIRTH 9. AGE last birt day If under 1 year If under 24 hrs. Months   Days   Hours   Min.
JESSIELE - VICIE ISBUDILOS INTELLED	1/85/1 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY (11. BIRTH	PLACE (State or toreign country)  12. CITIZEN OF WHAT COUNTRY?
UT Home Jelk	Ou.
13. FATHER'S NAME	ER'S MAIDEN NAME
V. dule Clark	Unknown
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No.   17. INFOR (Yes, no lot unknown)   (If yes, give war or dates of	a mile modification / a
(Yes, no) of unknown) (If yes, give war or dates of service)	Weyen 607 Vinaus Way
18. MEDICAL CERTIFICATIO	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
^	ONSET AND DEATH
Immediate cause (a) Cerebral thrombonic	
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause	inglisht:
Diseases or conditions, if any, (b)	20-5056-505
giving rise to the above cause stating the underlying cause last	actaci.
(c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, atreet,	(CITY OR TOWN) (COUNTY) (STATE)
OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
ICIDE   INJURY   HOW DII	D INJURY OCCUR?
OF While at Not While	D INJURY OCCURY
INJURY m. Work At work	
2110011	
	2 1 80 10 5/ 10 5/ 10 1
22. I hereby certify that I attended the deceased from 14 Jam, 1957,	to 2 1 Jam, 1951, that I last saw the deceased
22. I hereby certify that I attended the deceased from 14 Jam, 1957,	
	m., from the causes and on the date stated above.
22. I hereby certify that I attended the deceased from 14 Jan, 1957, alive on 20 Jan, 1957, and that death occurred at 3 50 A	m., from the causes and on the date stated above.  DATE SIGNED
22. I hereby certify that I attended the deceased from 14 Jan., 1951, alive on 20 Jan., 1951, and that death occurred at 3 ADDRESS (Degree or title)  ADDRESS M. J.	m., from the causes and on the date stated above.  DATE SIGNED  Www. 22 Jan 51
22. I hereby certify that I attended the deceased from 14 Jan., 1957, alive on 20 Jan., 1957, and that death occurred at 3 ADDRESS (Degree or title) ADDRESS M-D.	m., from the causes and on the date stated above.  DATE SIGNED  Williams Way 22 Jan 51
22. I hereby certify that I attended the deceased from 14 am, 1951, alive on 20 am, 1951, and that death occurred at 3 of SIGNATURE (Degree or title) ADDRESS (Degree or title	m., from the causes and on the date stated above.  DATE SIGNED  DATE SIGNED  DATE SIGNED  LOCATION (City, town, or downty) (State)  Resulto
22. I hereby certify that I attended the deceased from 14 am, 1951, alive on 20 am, 1951, and that death occurred at 3 of SIGNATURE (Degree or title) ADDRESS (Degree or title	m., from the causes and on the date stated above.  DATE SIGNED  Www. 22 Jan 51
22. I hereby certify that I attended the deceased from 14 Jan., 1951., alive on 20 Jan., 1951., and that death occurred at 3 Jan., 1951., and	m., from the causes and on the date stated above.  DATE SIGNED  DATE SIGNED  DATE SIGNED  LOCATION (City, town, or downty) (State)  Resulto



	1.	1307
Registered	No.	

1. NAME OF DECEASED (Type or Print) Baby B	oy Yowell (Geraldin	ne)	2. DATE OF DEATH Jan.2	6 1051
3. PLACE OF DEATH:  A. Baltimore City, Maryland	PSERSON AND A	4. USUAL RESIDENCE (W		
	or institution, give street address or			7
INSTITUTION Pallimore U	ity hospitals	200	outside corporate limits,	write TOURAL and give township)
4940 Eastern	n Avenue	Baltimore D. STREET ADDRESS (If		
anoth of star in Baltiman	m Mos.		rural, give location)	
Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7	Life Days	4705 Vessell Ct		nder I Year   If Under 24 House
Male White	WIDOWED, DIVORCED (Specify)		last birthday) Mont	ths Days Hours Min.
10A. USUAL OCCUPATION (Givakindof) 10	Single OB. KIND OF BUSINESS OR	Jan.25,1951 11. BIRTHPLACE (State or for	Troign country	2
ork done during most of working life, even if retired)	INDUSTRY		reigh country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NA		
Charles Yowell				
15. WAS DECEASED EVER IN U. S. ARMED FO	ORCES?   16. SOCIAL	Geraldine Leon		
Yes, no or unknown) (If yes, give war or dates of	service) SECURITY NO.	17. INFORMANT altimo	re City Hosbi	PRESS
		Records: 4940 E2	stern Avenue	
18. 760.5		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIE		1 2 77		
(This does not mean the mode of dheart failure, asthenia, etc. It means	lying, e.g., (A) Suprat	entorial Hemorrha	ge	Life
injury or complication which caus	sed death.) DUE TO			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF A	(B) Congeni	tal Atelectasis-	Prematurity	Life
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	ATING THE DUF TO			
ONDERLYING CONDITION LAST.	(C)		***************************************	
11				
OTHER SIGNIFICANT CONDITIO				
TRIBUTING TO THE DEATH, BUT NOTO THE DISEASE OR CONDITION CA	T RELATED			
19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	212 81 465 05 14 11 12 1			YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (I INJURY OCCUR?	f in Baltimore City, giv	e exact location)
FINJURY (Month) (Day) (Year) (He	our)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
THE OWN	m. WHILE AT NOT WHILE			
22. I hereby certify that I attend		-25 , 19.51/to	1-26 1951	that I last saw the
deceased alive on 1-26, 1			he causes and on the	date stated above
23A. SIGNATURE	2	3B. ADDRESS		23c. DATE SIGNED
1. B. C	loger M. D. H	940 Eastern Avenue	е	1-30-51
24A. BURIAL, CREMA- 24B. DATE 9at	m 24c. NAME OF CEMETER	RY OR CREMATORY 240. LC	OCATION (City, town, or	county) (State)
Cremation   1-30-1951	B.C.H. Cremat		O Eastern Aver	iua
PEB 1621931 REGISTRAR'S	Milliams, M.	25. FUNERAL DIRECTOR		DDRESS
VS 150				
	193 mm			160a



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1308

Registered No.

ВІ	RTH NO.	30-00 67					
1. (T	NAME OF DE			Datter Tare		2. DATE OF 1 20	
	PLACE OF DE		acock,	betty Jane	4. USUAL RESIDE	DEATH 1-30	institution: residence
_	FULL NAME	ity, Maryland OF (If not in hospite	al or institut	ion, give street address or		ryland B. COUNTY	before admission)
	SPITAL OR			location)	c. CITY OR TOWN	(If outside corporate limit	
3		Baltimore Ci	ty Hosp	itals	Baltimo	re 2	township)
	Yrs, Mos.					SS (If rural, give location)	
		ay in Baltimore	Life	Days		rick Avenue (23)	
5.	Male	6. COLOR OR RACE		E. MARRIED, ED, DIVORCED (Specify) 10	Nov. 25, 1	last birthday) Mo	nths Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR			12. CITIZEN OF WHAT COUNTRY?
				HADOSTA	Mary	land	WHAT COUNTRY!
13	FATHER'S N	AME	4.5		14. MOTHER'S MAI	DEN NAME	
	R	oland Peacoc	k		Betty Ja	ne Babylon	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS 4940
				02001111110	Records* Ba	lto. City Hospita	ls Eastern Av
ERTIFICATION	Olseas (This does heart failur injury or  DISEASES RISE TO THE	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c  ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH	., (A) Trans	OF DEATH  fusion React:	ion	onset and death  30 Seconds  (over)
CERTI	TRIBUTING	GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D Promotor	rity		Life
	19a. DATE O	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER- CONTRIBUTING	218. PLA about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	o pr 21c. WHERE DI etc.) INJURY OCCUR		give exact location)
2	F INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
L	MAJORI		m.	WHILE AT NOT WHILE			
3	22. I herebi	certify that I att			11-25 1950	to 1-30 1951	t, that I last saw the
	deceased al	ive on 1-30	1951	and that death occur	rred at 8:25 R.	from the causes and on th	he date stated above.
	23A. SIGNAT		7 .7		38. ADDRESS		23c. DATE SIGNED
		00.	1	M. D.	4940 Easter		2-6-51
TI	AA. BURIAL, C	pecify)		24c. NAME OF CEMETE			
	remation			B.C.H. Cramat		4940 Eastern Aven	
Lo	FEB 1 21	DAD CAC	SIGNATU	1 01	25. FUNERAL DIRE	LECTOR	ADDRESS
	VS 150	- 998.6	40				159

"Unusual reaction to excessive citrate in transfused blood. (therapeutic misadventure)

Dr. Fisher 5/14/51

J. Boyle

### BALTIMORE CITY HEALTH DEPARTMENT

51 1309

Registered No-CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) Baby Boy Mack, Ernestine DEATH 1-29-51 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside cornorate limits, write RURAL and give INSTITUTION Baltimore City Hospitals Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mas ength of stay in Baltimore 410 Carrollton Avenue (23 Dove 5. SEX 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Mole Nagro Single Jan. 27, 1951 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Raymond Parker Ernestine Mack 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS Light (Yes, no or unknown) SECURITY NO Records\* Belto. City Hospitale Eastern Av INTERVAL BETWEEN 18. 60.5 CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Supretentorial Hemorrhage 2 Days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Congenital Atelectasis 2 Days ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED 2 Days Prematurity TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 19 51to 1-29 . 19 5 that I last saw the 22. I hereby certify that I attended the deceased from\_ 1-29, 19 51 and that death occurred at 3:32 A., from the causes and on the date stated above. deceased alive on\_\_\_ 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 2-5-51 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 248. DATE B.C.H. Crematory Cremation 2-2-51 4940 Eastern Avenue

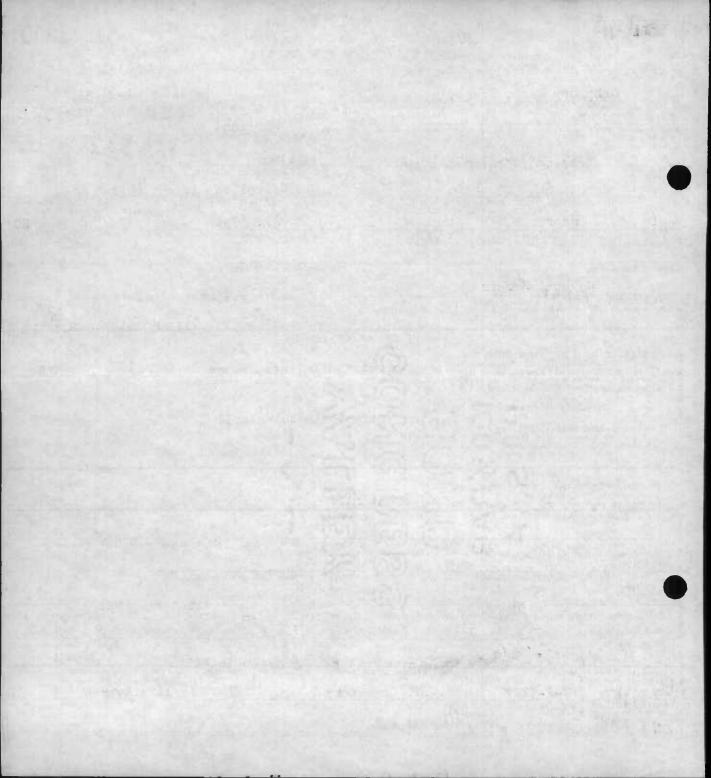
25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS



	163	366299					54 4040
В	51 13	310-0259	BAL		EALTH DEPARTMENT E OF DEATH	Registered N	51 1310
1.	NAME OF D	ECEASED		thy "Delores"		2. DATE OF Febru	pary 2, 1951
Α.		City, Maryland			4. USUAL RESIDENCE (W		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospital HONES ROPKING		n, give street address or location)	Maryland c. CITY OR TOWN (If Baltimore		s, write KUBAL and give township)
	ength of s	tay in Baltimore	want 11 F)	Yrs. Mos.	o. STREET ADDRESS (If a 902 Shute	rural, give location)	
	sex Male	6.COLOR OR RACE	7. SINGLE. WIDOWS	MARRIED, D. D. VORCED (Specify)	8. DATE OF BIRTH February 1, 1951	9. AGE (In years	Under I Year If Under 24 Hours nths Days Hours Min.
1C wor	k done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
Roy Lee Via					Baltimore, Mary 14. MOTHER'S MAIDEN NA Delores Mc Car		
(Ye	o. WAS DECEASE o, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	PKINS EOSPITEI	DDRESS
ERTIFICATION	(This does heart failu injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode o. re, asthenia, etc. It mean complication which co ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LANGE	H  dying, e.g., as the disease, aused death.)  ES  ANY, GIVING STATING THE	DUE TO  (B) Pree	de extraction	<b>1</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OFFICE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					ycystic kid	20. AUTOPSY?	
EDICAL		ENT WAS UNDER. R CONTRIBUTING		E OF INJURY (e. g., in m,factory,street,office bldg.,e		in Baltimore City, g	YES NO Prive exact location)
Σ	210. TIME (	Month) (Day) (Year)	m. WF	IE. INJURY OCCURRE			
	deceased al	ive on Feb. 2, URE	, 1951 an	nd that death occur	nary 1, 1951 to Feb red at 5:30A on., from th	te causes and on th	ne date stated above. 23c. DATE SIGNED 2-5-51
	A. BURIAL, CON, REMOVAL (S		24	NAME OF CEMETER	RY OR CREMATORY 240, LC	OCATION (City, town,	or county) (State)
	EB 1 210		SIGNATUR	E MARINE	25. FUNERAL DIRECTOR	4.7	ADDRESS
	V3 130		CALL THY	169			1-00

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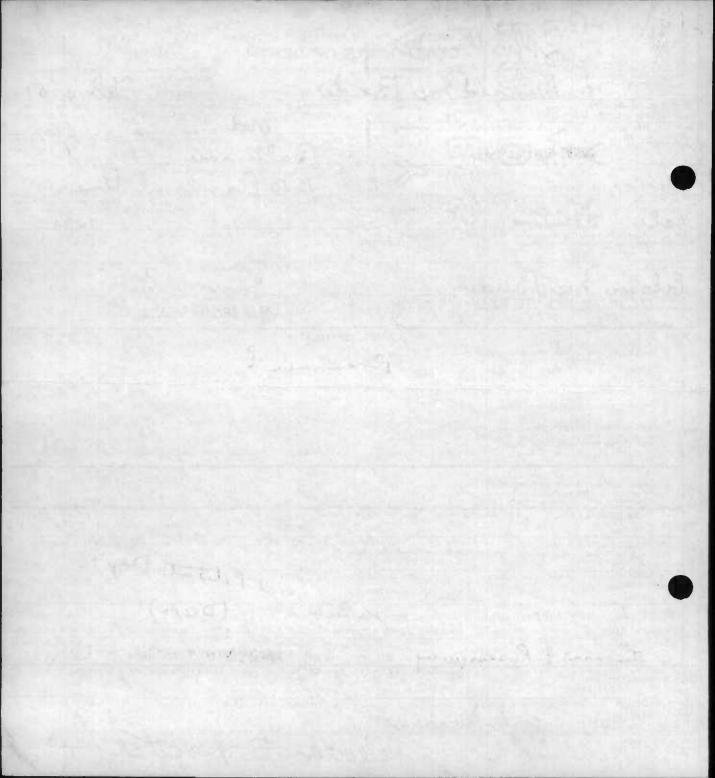
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the said THE A SHOPE OF THE REAL PROPERTY. The sales of the sales AND ROBERT VILLE AND THE works by season Charles of Man & Spirit Hilly A. Hards M. William TO THE E 11 5

3 B	5 4 131 IRTH NO. 5	(530169) 825	BAI	LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered 1	1. 1.311
	NAME OF D Type or Print)	ECEASED Baby	Stale	"Pamela Pier	ce"	2. DATE OF Febr	uary 3, 1951
A.	FULL NAME	EATH: City, Maryland		tion, give street address or	4. USUAL RESIDENCE (WA. STATE Marylan	Where deceased lived. If	
	OSPITAL OR	asaes hope	irs kosp	location	c. CITY OR TOWN (If Balti	outside corporate	rit (P) I AL nd give township)
		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 1610	rural, give location)  Eutaw Place	
	Female	6.COLOR OR RACE white		E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH February 2, 1951	last birthday) Me	ff Under 1 Year   If Under 24 Hours on the Days   Hours Min.
MOL 10	A. USUAL OC k done during most	CUPATION (Give kind of perking life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	Baltimore, Mar		12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S	Stan Stanl	ey		14. MOTHER'S MAIDEN NA Pamela Pie		
15 (Ye	5. WAS DECEASI	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	INS HOPKINS HOSP	DDRESS
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				ber	ONSET AND DEATH		
CERTI	TRIBUTING TO THE D	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	CAUSING I	ED	ATION		20. AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDER-	218. PL/	ACE OF INJURY (e. g., infarm, factory, street, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City,	YES NO
M	FINJURY	Month) (Day) (Year)	m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK			
	22. I herch deceased at 23A. MIGNA	ive on Feb. 3,	ended the , 19 <b>51</b>	and that death occur	ruary 2, 1951, to Fel	he causes and on t	that I last saw the he date stated above.
2.	/ /	ree W. C	orm	N. JV. M. D.		18 KOSPITAL OCATION (City, town	2-5-51
_	ATE RECEIVE		S SIGNATU	How De	25. FUNERAL DIRECTOR		ADDRESS

VS 150

216 to O Cy. Del BOTIMORE CITY HI	EALTH DEPARTMENT
5 4 7 4 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E OF DEATH Registered No. 1312
1. NAME OF DECEASED Wonald me Bru	de 2. DATE JEDE, 11 51
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, wright OKAL and give
HENRI MOPKINS MOSPITAL	Baltimore - / (township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 16 10 achland ave
5. SEX  6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   H Under I Year   H Under 24 Hours   Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, eveo if retired)  INDUSTRY	II. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAMED	14. MOTHER'S MAIDEN NAME
15. WAS DEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	17. INFORMANT ADDRESS
(Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANIALIS AOPLIES HOSPILL
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	eumonia ?
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERCTING CONDITION EAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg	o or   21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	etc.) INJURY OCCUR?
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	7 000
m.   WORK   AT WORK	Feb. 4, 1951, to (DOA), 19 , that I last saw the
deceased alive on, 19 and that death occur	rred atm., from the causes and on the date stated above.
Levan J. Rosenzweig M. D.	236. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 4C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
vs 100 1 A E Conce. Dolo	ned to impital ing
There are the peter	more to prosper - 109 B



## BALTIMORE CITY HEALTH DEPARTMENT

51 1313

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) LIPSCOMB OF MARGARET Hannah February 9, DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION wnship) 309 E. 28th Street Baltimore D. STREET ADDRESS (If rural, give location) Mos. 309 E. 28th Street ength of stay in Baltimore Days 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years if Under 1 Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Single Female White Dec. 8, 1903 10A, USUAL OCCUPATION (Give kind of I 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Jone Maryland US 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Archibald J. Lipscomb Edith Brannan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 213-10-5057 (Yes, no or unknown) 309 E. 28th Street Elra B. Lipscomb INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fatty liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED H TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 21B. PLACE OF INJURY (e. g., in or 2 ic. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT AT WORK WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \precent{1.5}\), suicide \( \precent{1.5}\), homicide \( \precent{1.5}\), undetermined \( \precent{1.5}\). 23A. ŞIGNATURE 23B. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER .... Feb. 10, MEDICAL INVESTIGATOR ..... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Baltimore, Maryland Feb. 12, 1951 M Mount Olivet DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR unker whom Polliand, Me Burgee Funeral Home 3631 Falls Road

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4. Durace

DESCRIPTION OF THE PROPERTY OF STREET Section 1 Section 2011, 48

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DATE RECEIVED BY

LOCAL REGISTRAR

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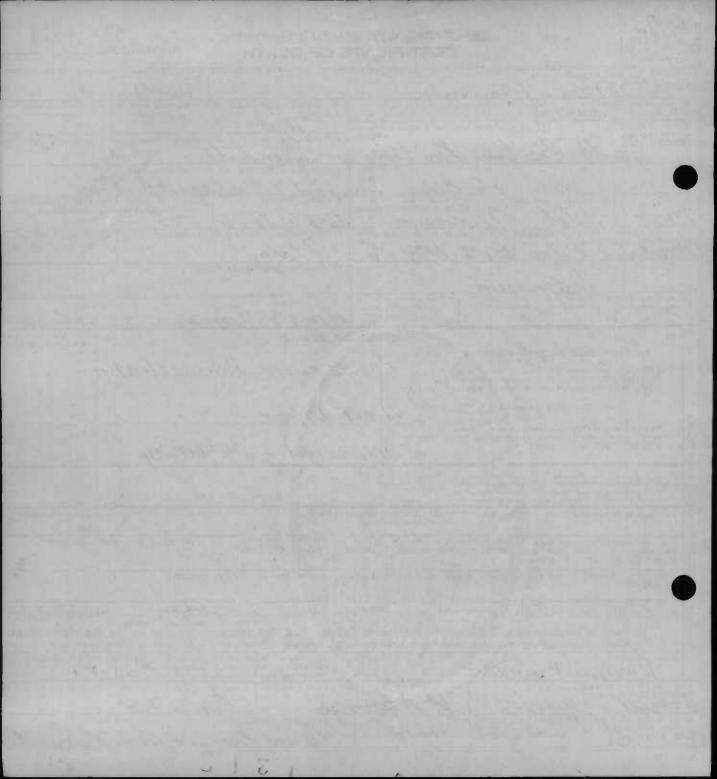
REGISTRAR'S SIGNATURE

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25. FUNERAL DIRECTOR

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ADDRESS



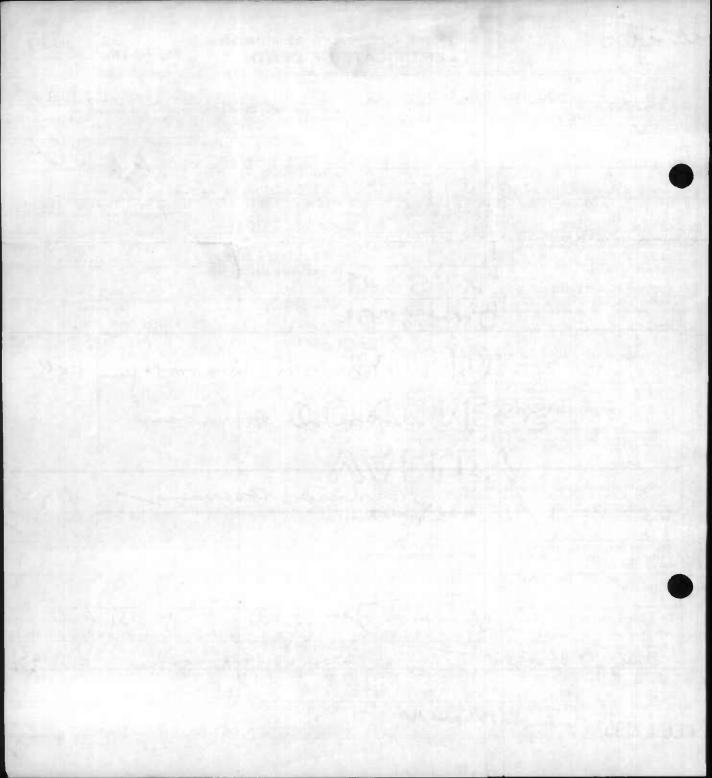
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VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1315

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Florence E. Calder DEATH Feb. 10, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 27 N. Carey St., A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Good Samaritan Home Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in BaltimordLifetire 2609 Gibbons Ave. Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SFX 9. AGE (in years last birthday) | I Under | Year | I Under 24 Hours | Months | Days | Hours | Min. 8. DATE OF BIRTH Il Under 24 Hours Female White Wid wed May 16. 1870 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) U.S.A. INDUSTRY Seamstress Shirt factory Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George P. Wright Anne Cooper 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No. Mrs. Alice Price 2609 Gibbons Ave. 18. 331X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH IO. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 30 193 22. I hereby certify that I attended the deceased from 19.51 that I last saw the deceased alive on\_ . 19\_5\_ , and that death occurred at. m., from the causes and on the date stated above. 234 GIGNATURE 23c. DATE SIGNED 12mson 2700 24A. BURIAL, OREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Feb. 12, 1951 Greenmount Baltimore, Md. DATE RECEIVED BY REGISTRARIS SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR with war / shaw Ullrich Funeral Home 2008 Orleans St.

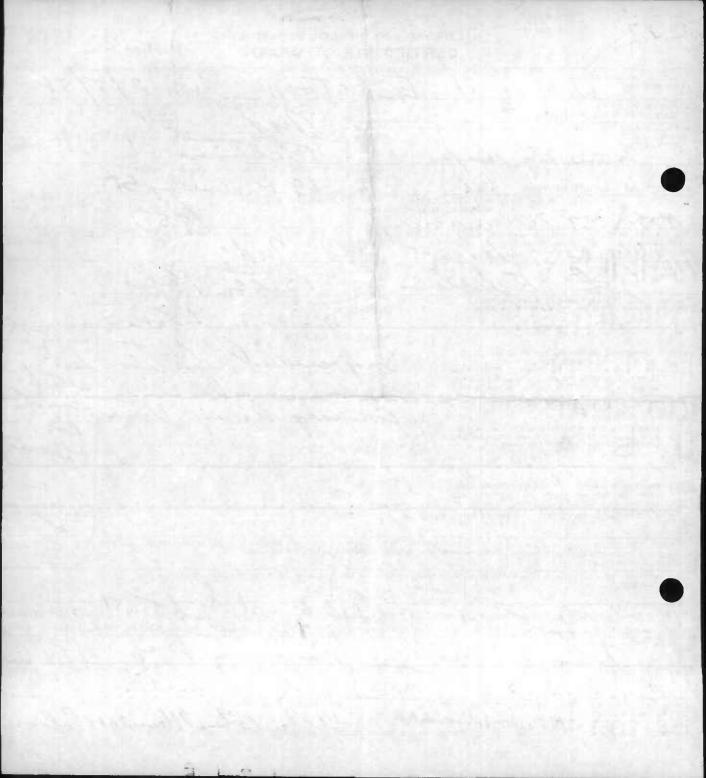


	235
	BIRTH NO.
	1. NAME OF DECEASED (Type or Print)
I	3. PLACE OF DEATH:

# BALTIMORE CITY HEALTH DEPARTMENT

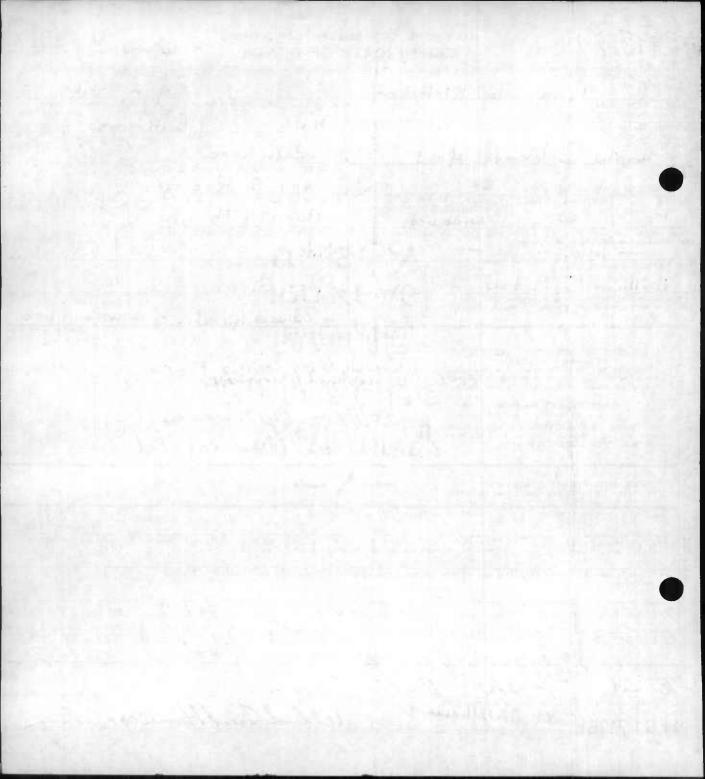
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	J.O.I.O		CE	RTIFICAT	E OF DEATH	Registered	No.	3
=	NAME OF D	ECEASED				Lo DATE	, ,	
(T	ype or Print)	William	7 0.	Eck	stein	2. DATE OF DEATH 2	18/51	
	Baltimore (	EATH: City, Maryland	2		4. USUAL RESIDENCE	(Where deceased lived B. COUNTY	If institution: residen before admi	
	FULL NAME	OF (If not in hospit	al or institution, gi	ve street address o location	7	29		
	STITUTION		11 /	10011	c. CITY OR TOWN	(If outside corporate liv		nship)
2000	" "	innely	1000		1 Juli	nor le	2	
C.	ngth of s	tay in Baltimore	lef	Yrs. Mos. Days	29 W.	(If rural, give location)	<i>if.</i>	
5.	Mal.	6. COLOR OR RACE	9	IVORCED (Specify	8. DATE OF BIRTH	9. AGE (If years last birthday)	if Under 1 Year If Under 2 Months Days Hours	
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND OF E		11. BIRTHPLACE (State)	r foreign country)	12. CITIZEN OF	
orl	dooe during most	of working life, even if retired)	Levres	INDUSTR	Mud	,	WHAT COUN	VTRY?
13	. FATHER	AME /	- 1 A	GASI	14 MOTHER'S MAIDEN	LNAME O		
	4	Then B	chree	un (n	1 Belly	, /afres		
15 Yes	, WAS DECEASI	D EVER IN U. S. ARMEI	D FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	N'9 1	ADDRESS	2
					Mr. Meson	ultoliks	Lews 29 G	nel
	18. 47	0.1		CAUSE	OF DEATH	21 "	INTERVAL BET	DEATH
	DISEAS	E OR CONDITION		0		11/1/	111	
	(This does	not mean the mode of	of dying, e.g.,	(A) M	1 rear war	refacter	, Lest	0
Н	heart failu injury or	rc, asthenia, etc. It mea complication which	ins the disease,	DUE TO			altack	-
7		ANTECEDENT CAUS	,				0	1
,		ANTECEDENT CAUS	525	(8) /10	neares Ust	en Vec	and 1	-
5		OR CONDITIONS, I		(E)			1/4.	
-		HE ABOVE CAUSE (A)		DUE TO			11.00	D
ادّ				(C)	***************************************		1-1-1-1-1	
-		11		Ten a				
۲,		IGNIFICANT CONDI						
5		SEASE OR CONDITION						
1	19A. DATE C	F OPERATION 1	98. MAJOR FINE	DINGS OF OPE	RATION		20. AUTOP	
5			I air Di ACE O	E INDURY (	in or   21c. WHERE DID	(If in Baltimore City		10
ובח		ENT WAS UNDER- R CONTRIBUTING DEATH		FINJURY (e. g., tory, street, office bldg.		(II in Baitimore City	, give exact location	,
	2 ID. TIME	Month) (Day) (Year	(Hour)   21E.	NJURY OCCUR	RED 21F. HOW DID INJ	URY OCCUR?		
	INSURT		m. WHILE			F. 1 -		
	22 I horoh	y certiff hat I at			eb 6 195 to	1 10	that I last sa	an the
		live on Leve		hat death occi	/	m the causes and on		
d	23A. SIGNA		, 15 und t		236. ADDRESS A	III IV	23c. PATE S	SNED
		John 7	. The	Sey M.D.	nouver	of york	2/8/	57
24 T10	ON, REMOVAL (S	Pecify) 24B. DATE	1/2 240.	MH OF CEMET	ERY OR CREMATORY 24	LOCATION (City, tor	vn, or eounty) (S	State)
D	ATE RECEIVE	DRY   BECKETELS	S SIGNATURE	vart	1 25. FUNERAL DIRECTO	DR	ADDRESS	
	OCAL REGIST	RAR	s SIGNATURE	L. M.	1 100 P	Y DIL	2000	
r	FR 1	DI Hammon			much	ung / Impe or	oby year	~
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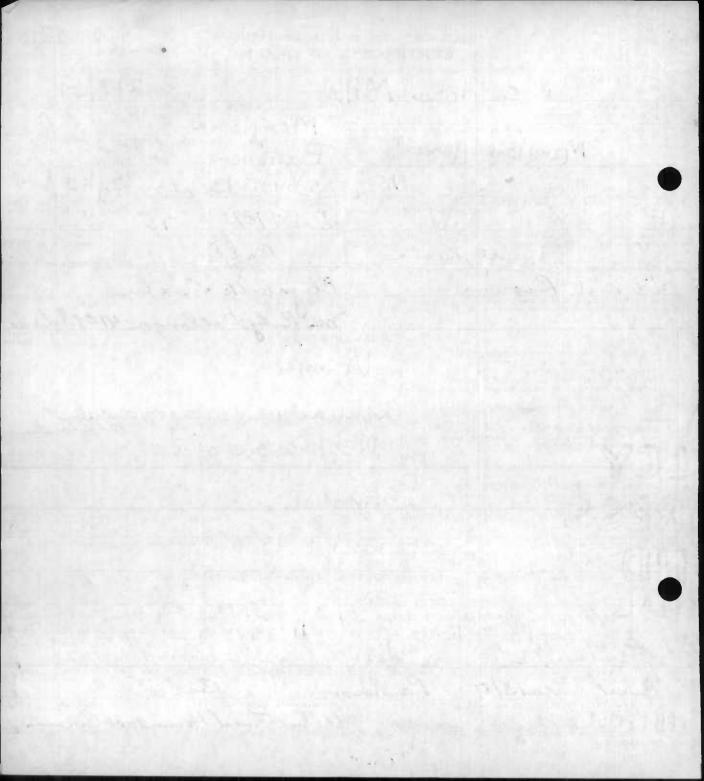


Registered CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) lara Ella Kictscher 2.7.51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore o. STREET ADDRESS (If rural, give location Mos. Kobinson ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVQRCED (Specify) widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? H.W. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Given 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 2720 Ben no 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIOENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that, I attended the deceased from 7ep 4 , 1951, to teb , 1951, that I last saw the 625 pm., from the causes and on the date stated above. deceased alive on fr 3 7, 1951, and that death occurred at 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS M. D. 24A. BURIAL CREMA-TION EMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or eounty) / 24B. DATE 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150



71 1 1 1 1 1 1	EALTH DEPARTMENT 51. 1318 E OF DEATH Registered No.
1. NAME OF DECEASED Mrs. Anna Mil	er 2 DATE OF DEATH 2 8 51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence a. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  Mary and general location)	
c. Length of stay in Baltimore 75 Mos. Days	5. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years In the I year I funder I year I funder I year I funder Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, evec if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	remia  unelvoli cardiovasular  phrosclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nonja
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., to CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  MILE AT WORK AT WORK	
deceased alive on 2   4, 19 2   and that death occur	73 195, to 2 , 195 that I last saw the rred at 1 236, from the causes and on the date stated above 236. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)  11 13/57  Carhon	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S HUMANA MARKET MILITARY MILITARY MARKET MARKET MILITARY MARKET MARKET MILITARY MARKET MARKE	25. FUNERAL DIRECTOR ADDRESS White Home 2006 Colem
VS 150	1310



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1319

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE Where deceased lived, If institution ; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION (ownship) D. STREET ADDRESS (Frural, give location) Yrs. Musou ·d c. Length of stay in Baltimore SINGLE, MARRIED AGE (In years | H Under I Year | H Under 24 Hours last bip though | Months; Days | Hours | Min. 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) 11. BIRTHEL MEE (State of foreign country) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF lone during most of working life, but if retired) WHAT COUNTRY? erchaul 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 42011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL NO L 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! AT WORK Felly 11, 195 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 2011, 19 I, and that death occurred at m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 24A BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION/(City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY werase ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 5. FUNERAL DIRECTOR

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1320  BALTIMORE CITY HEALTH DEPARTMENT 51. 1320  CERTIFICATE OF DEATH Registered No					
BIRTH NO.	CATE OF DEATH	1			
1. NAME OF DECEASED (Type or Print)	re ducae 2. DATE DEATH Tels.	: 16/51			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE	stitution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street add lo INSTITUTION INSTITUTION INSTITUTION	dress or cation) C. CITY on fown (If outside corporate limits,	write RURAL and give township)			
c. Sigth of stay in Baltimore	Yrs. D. STREET ADDRESS 11 rafil, give location) Mos. Days	et			
5. SEX 6. COLOR OR RACE 7. SINCLE, MARRIED. WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE (In years) If Ur	der I Year If Under 24 Hours hs Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of ork done during most of work ide life, even if retired)  INDU	OR USTRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?			
13. FATHERS NAME SUMMER AUCAS	L'A MOTHER'S MAIDEN NAME L'Edger				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY	NO. 17. INFORMANTOLIS HOPKINS HOSPITAL	DRESS			
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	Brain Stem Tumor	OVER			
19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office of the contribution of the con	(e.g., in or large of local linder of line and line bldg., etc.) INJURY OCCUR?	YES NO O			
INJURY WHILE AT NO	T WORK				
22. I hereby certify that I attended the deceased from deceased alive on 2 / 1 1957, and that death	12/23 n 1913 to 2/1/, 1917,	that I last saw the date stated above.			
23A. SIGNATURE	238. ADDRESSIONS MOPKINS HOSPITAL	23c. DATE SIGNED			
	EMETERY OR CREMATORY 24D. LOCATION (City, town, o	r county) (State)			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAB 1 WILLIAMS, MAN	Wm. I. Dicknew Bans Mra. avi	Ballo of hed			
VS 150		5413			
	and the second second				

For Statistical Purposes only: DO NOT COPY

See Document File 51-1320 4/11/51 ES

"Neoplasm of brain stem. History of intractable nausea and vomiting. Somatic and visceral atrophy. Bronchopneumonia of right lung. Single cystic ovary."

VS 150

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51.	1322

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1322

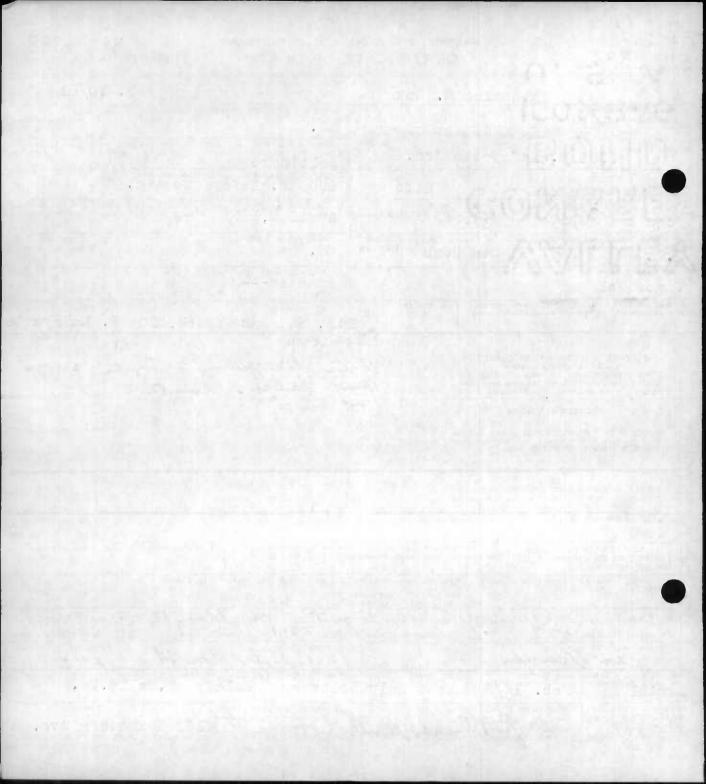
Registered No. BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE Felr. 10, 1951 REYNOLDS VIARY ELIZABETH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION BALTIMORE LUTHERAN HOSPITAL OF MARYLAND D. STREET ADDRESS (If rural, give location) Yrs. 31 yrs 2331 W. LEXINGTON c. Length of stay in Baltimore Dava AGE (In years | Il Under | Yeat | Il Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) Oct. 14.1883 MARRIED 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (and instituted) OWN Home INDUSTRY WHAT COUNTRY? Va. to We 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A. J. Whitlock Anna Flick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Whitlock, 5229 Patrick Mrs. Gladys INTERVAL BETWEEN CAUSE OF DEATH Henry Drive ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aslerioscherotie Cardiorendas ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONalo lathiania) TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT WORK 195/, to Feb. 10 , 1951, that I last saw the 22. I hereby certify that I attended the deceased from Feb. deceased alive on Feb. 10, 1951, and that death occurred at 4 2m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED rutheraw (Kosp. of ruriano S. Ha 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 5501 Frederick Rd, Balto. Baltimore National. Feb. 13/51 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

# BALTIMORE CITY HEALTH DEPARTMENT

E4 4999

51 no 1323	CERTIFICATI	E OF DEATH	Registered No	1020
1. NAME OF DECEASED	erine M. Zak		of Peb.	10/51
3. PLACE OF DEATH:  a. Baltimore City, Maryland		4. USUAL RESIDENCE (W		nstitution : residence before admission)
HOSPITAL OR	al or institution, give street address or location)  ayette Ave.		outside corporate limits	write BURAL and give township)
c. Bength of stay in Baltimore	Life Yrs.  Mos. Days	2906 W. Lafay	ural, give location) ette Ave.	
Female   6. COLOR OR RACE	7. SINGLE, MARRIED.	april 2,1893	9. AGE (In years Month last birthday) Month	nder I Year If Under 24 Hours ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of worklog life, even if retired)	Own Home INDUSTRY	11. BIRTHPLACE (State or for	reign country) 1	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME  James Zak		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U.S. ARME Yes, no or unknown) (If yes, give war or date	of service) SECURITY NO	17. INFORMANT	acek, 2906 W	· Lafayette
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO AST. (C)	tee Ansuferien At Seriou		
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION		PATION		20. AUTOPSY?
A ACCIDENT WAS INDEED	218. PLACE OF INJURY (e.g., i		f in Baltimore City, given	YES NO
deceased alive on 2-9	about home, farm, factory, street, office bldg.,  (Hour)  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  tended the deceased from And that death occur  2	21f. HOW DID INJURY  21f. HOW DID INJURY  1946, to 40  236. ADDRESS	hua 10, 1951, ie canses and on the	that I last saw the e date stated above.
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL Feb. 1	24C. NAME OF CEMETE		ocation (City, town, of Rd Balto	r county) (State)
	s SIGNATURE	15. FUNERAL DIRECTOR		son Ave.
VS 150	manufacture of the state of the			11 -

95100



7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

16. SOCIAL

DUE TO

DUE TO

(C) ....

None None

INDUSTRY

CAUSE

Widowed

employee

10B. KIND OF BUSINESS OR

	2. DATE OF DEATH 2-1/-5-/
	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission Carroll
	C. CITY OR TOWN (If outside corporate limits, write RURAL and g Pleasant Valley  D. STREET ADDRESS (If rural, give location)
	8. DATE OF BIRTH 9. AGE (In years last birthday) 76 I Under I Year Months Days Hours Mi
	Virginia 12. CITIZEN OF WHAT COUNTRY U. S.
	Mary Meade
	Giles W. Couch, Baltimore, Md.
	OF DEATH  ONSET AND DEA  OSCIEVOVIC CIVATONASCULAY
	e
4	

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

orie tracture KV. Femux

21c. WHERE DID

21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-UTING I CAUSE OF DEATH.

ngth of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of

work done during most of working life, even if retired;

Farmer

13. FATHER'S NAME

(Yes, no or unknown)

RTIFICATION

Ш

U

EDICA

Male

6. COLOR OR RACE

Laborer

Archibald Couch

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

(If yes, give war or dates of service)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

White

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR? leasant

(If in Baltimore City, give exact location) Carroll Co., Ma.

210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED ec. 29 1950 abt. 5 P 22. I certify that I took charge of the remains described above, held an

Autorsy, Inspection or Inquiry

thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \).

238. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER ..... MEDICAL INVESTIGATOR ..

BURIAL, CREMA TION, REMOVAL (Specify 248. DATE

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

20. AUTOPSY?

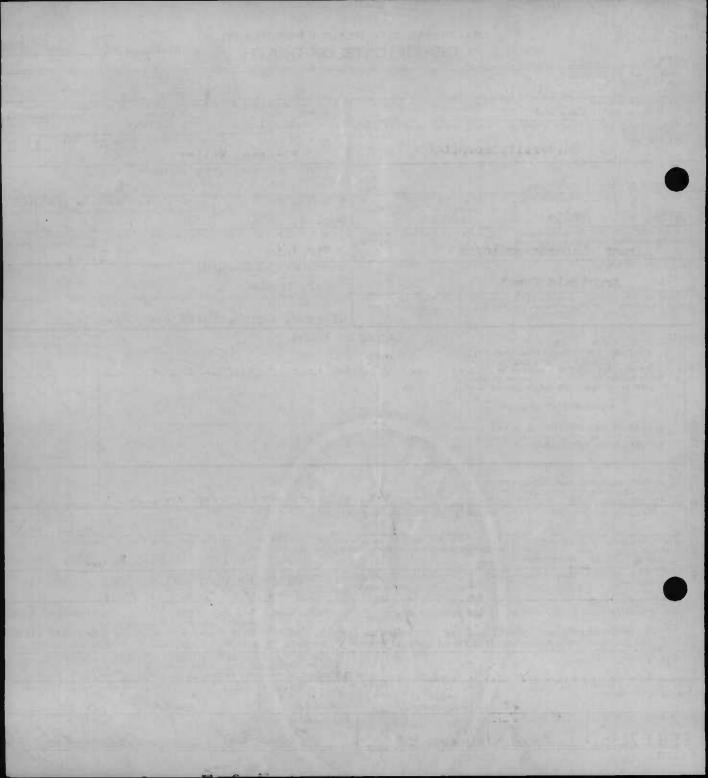
YES

DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

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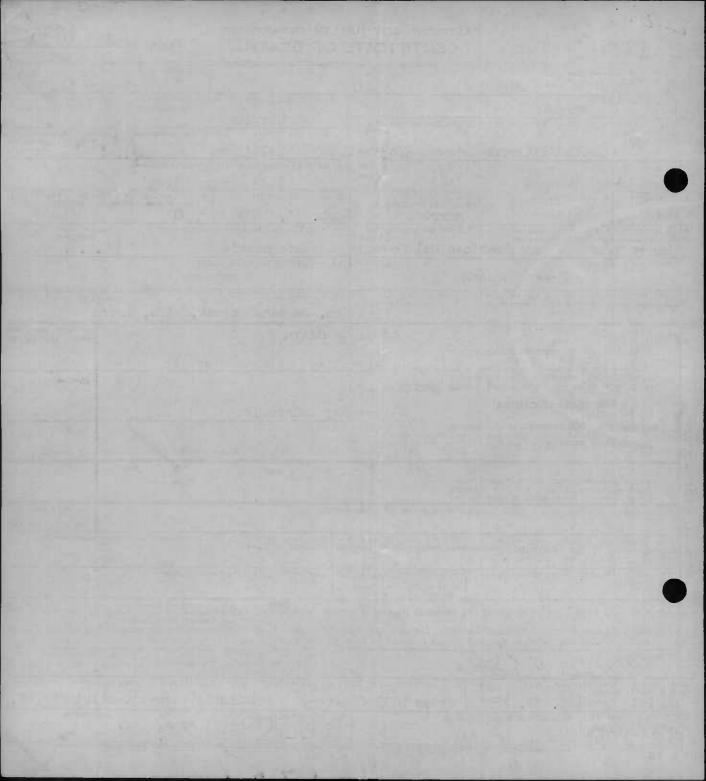


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1325

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	ma frances			2. DATE OF	
3. PLACE OF DEATH:	JOSEPH	OCASEK	4. USUAL RESIDENCE (V	Where deceased lived. If	uary 10, 1951 institution: residence
A. Baltimore City, Maryla			A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not ) HOSPITAL OR INSTITUTION	n hospital or instituti	ion, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporate limit	
	altimore Ger	neral Hospital	Baltimore	- 4	5 dewnship)
		Yrs. Mos.	o. STREET ADDRESS (If	rural, give location)	
ngth of stay in Baltin		Days		rry Street	-
5. SEX 6. COLOR OR Male White	WIDOW	E. MARRIED. ED.DIVORCED (Specify) PARTIED	B. DATE OF BIRTH Sept. 18, 1880	9. AGE (In years last birthday) Mo	M Under 1 Year M Under 24 Hours onths Days Hours Min.
10A, USUAL OCCUPATION (G	1	OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
work done during most of working life, even Handy Man		n Oil Company	Czechoslovakia		WHAT COUNTRY?
13. FATHER'S NAME	ranor 100	GAR TATES - 10	14. MOTHER'S MAIDEN NA	AME	0.0.n.
Jos	seph Ocasek	G. Mer . M. C. HA	unk	nown	
15. WAS DECEASED EVER IN U. (Yes, no or unknown) (If yes, give w		16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
no	,	SECONTT NO.	1rs. Johanna Ocas	ek, wife, ab	ove
18. 4791	100	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONE					
(This does not mean the heart failure, asthenia, et	mode of dying, e. s		alized arterioscl	erosis	***************************************
injury or complication					
ANTECEDEN	T CAUSES	Comou	ann aalamaata		
Z DISEASES OR CONDIT	IONS IF ANY CIVIN	(B)	ary sclerosis	***********************************	***************************************
RISE TO THE ABOVE CAN	JSE (A) STATING TH				
K ONDERENTED CORDIN	LAST.	(C)		***************************************	
DISEASES OR CONDIT					
OTHER SIGNIFICANT					
TO THE DISEASE OR CO					
. I ISA. BATE OF OFERNATION	N 19B. MAJOR	FINDINGS OF OPER	ATION		YES NO X
21A. EXTERNAL CAUSE N	NAS 218.PLA	CE OF INJURY (e.g., i	or 21c. WHERE DID (I	If in Baltimore City,	
UNDERLYING OR COL	NTRIB. about home, f	arm, factory, street, office bldg.,			
Z 21D. TIME (Month) (Day F INJURY		21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
INSORT	m.	WHILE AT NOT WHILE			
22. I certify that I too	k charge of the	remains described a	bove, held an Inspecti	on & Inquiry	_ thereon and from
			nquiry, find that said do	Inspection or Inquiry	
			\overline{\over		
23A. SIGNATURE	1/200		23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER 23	eb. 10. 1951
24A. BURIAL, CREMA- 24B.	DATE 2		RY OR CREMATORY 24D. L.	OCATION (City, town	
Burial Feb.	13, 1951	Cedar Hill Ce	metery Ritch	nie Highway,	Baltimore, Md.
	STRAR'S SIGNATU		25. FUNERAL DIRECTOR	1 Home Inc	ADDRESS



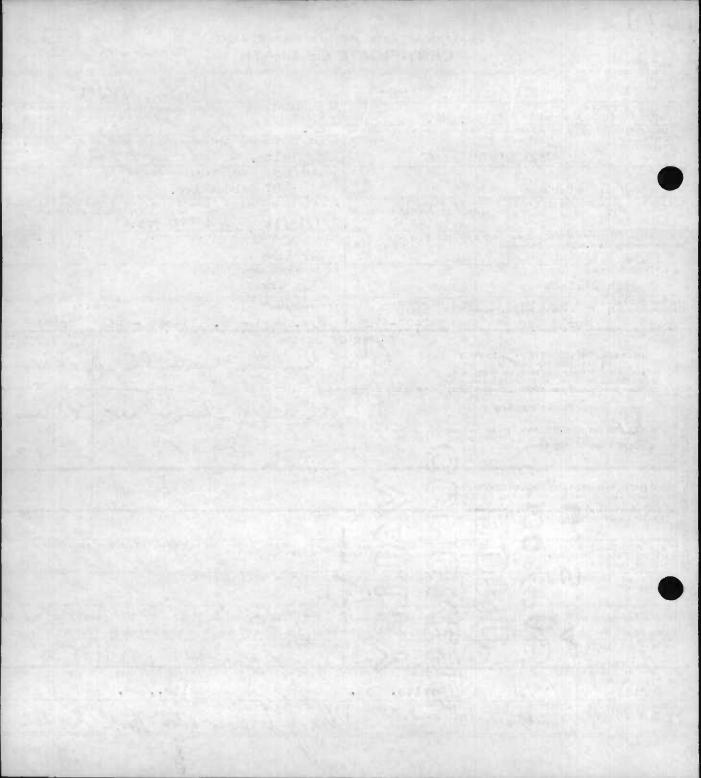
DATE RECEIVEDING

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REGISTRAR'S SIGNATURE

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ADDRESS

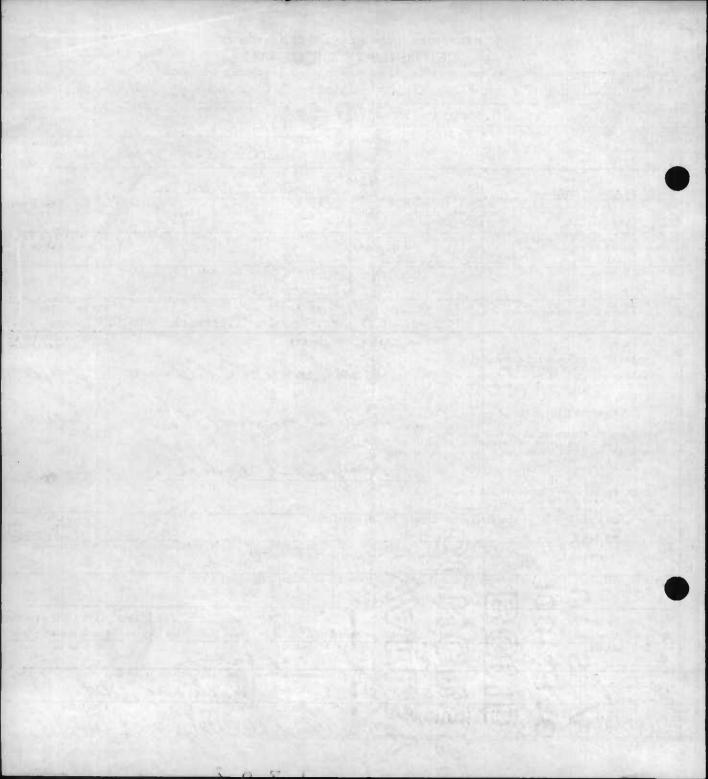


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1.327

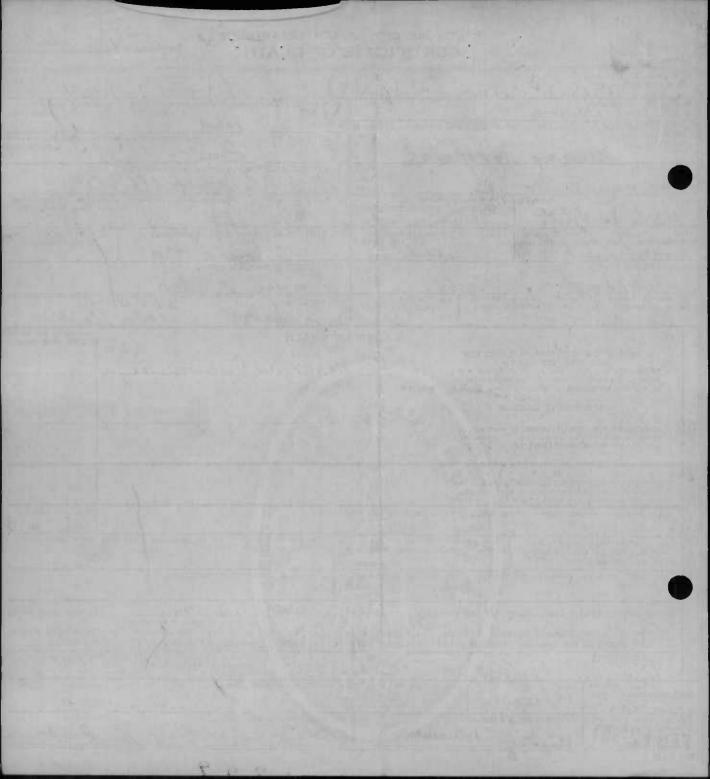
Registered No.\_\_\_\_

BI	RTH NO.						
(T		Stanislaus Jo	seph Pl	ewacki (Or) Wi	itter	OF Feb	,10-1951
A.	PLACE OF D Baltimore (	City, Maryland 96	2 S.Ken	wood Ave	4. USUAL RESIDENCE (WA. STATE Maryland	Where deceased lived, B. COUNTY	If institution; residence before admission)
HO	SPITAL OR STITUTION		Home	location)	c. CITY OR TOWN (H Baltimore		nits, write LVIML and give township)
C.	Length of s	tay in Baltimore	/?	Yrs. Mos. Days	D. STREET ADDRESS (If 922 South Kent		
	sex Male	6.COLOR OR RACE White	WILDOW	MARRIED. PED, DIVORCED (Specify) PICO	April 4-1876	9. AGE (In years last birthday)	Months Days Hours Min.
10 work	done during most	CUPATION (Give hind of of working life, even if retired, ard		of Business or INDUSTRY Westcott &	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	VAME	DAUG.	(R) Dunning	14. MOTHER'S MAIDEN NA	AME	
15		nael Plewacki		I 16. SOCIAL	Frances ??		
(Yes	, no or nnknown)	(If yes, give war or date	es of service)	SECURITY NO.	17. INFORMANT	11-4 000	ADDRESS
-				218-61-9510	Mrs. Veronica K.Pl	remacki ass	
	18. Ly	2 /		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	6.0	Verencles tie (1.	11 /10	9 /
	(This doe	s not mean the mode ure, asthenia, etc. It me	of dying, e. 1	3., (A)	minus re C.	V. Olser	12/10
		injury or complication which caused death.) DUE TO					
		ANTECEDENT CAU	SES	01	9	1 1	2 11/1
Z	DISEASE	S OR CONDITIONS,	IE ANY CIVIS	(B)	romi regorda	way.	Jan 2/50
Ě	RISE TO	THE ABOVE CAUSE (A)	STATING TH	HE DUE TO			
CA	UNDERL	TING CONDITION L	ASI.	2	1 1 2	luce	2
님		11		(C) .	yranded lace	cul.	Jan 2/58
CERT	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED			
				FINDINGS OF OPER	RATION		20. AUTOPSY?
A	9	me		hom			YES YES
MEDICA	21A. ACCID HOMICIDE	(Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		f in Baltimore City	r, give exact location)
2		(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	11		
	FINJURY	mul	m.	WHILE AT WORK	200		
	22. I herel	by certify that I at	tended the	deceased from	1-12 -150 to	2 - 10 19	7, that I last saw the
		live on 3-9-	1957	and that death occur	rred at 950 A.m. from t		the date stated above.
	23A SIGNA		1	/ 2	38. ADDRESS		23c. DATE SIGNED
	Kum	may la fe	Herris	M. D.	8476. Cox	eal	13.10.21
Til	A. BURIAL.	Specify) 2/12/6	7	ST, STANISLA		Cation (City, tov	on, or county) (State)
	ATE RECEIVE	D BY   REGISTRAR	F.S. S. W.	IRE MAN	25. FUNERAL DIRECTOR	10/10 700	ADDRESS Page 25
_	VS 150				reorge U. W	wer 100 1	. um · u
174	VS 150			-7/5	/ /		02



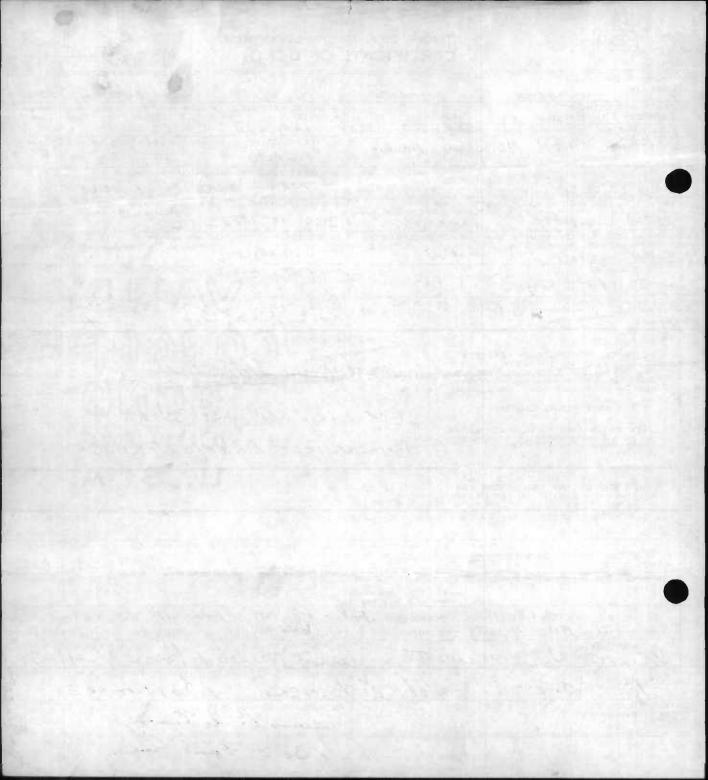
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE B.Carnes (Type or Print) CARNS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) "f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX If Under 1 Year WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours: Min. Widowea IOA, USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? intal Xather 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yos, no or unknown) (If yes, give war or dates of service) 16. SOCIAL O GADDRESS (You, no or unknown) SECURITY NO. Ellewille CAUSE OF DEATH 22 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY exioscleratic Cardionuscular LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION YES (If in Baltimore City, give exact location) 21c. WHERE DID 218. FLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH. ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23B. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR GREMATORY | 24d. LOCATION (City, town, or county) 248. Durias DATE RECEIVED BY 25. FUNERAL DIRECTOR CER 12195 their Miliams, Ma

V S 151



حدا	300						
5	1. 1.329 IRTH NO.			TIMORE CITY HE	ALTH DEPARTMENT  OF DEATH	Registered	51. 1329
1.	NAME OF DECEASE		-			2. DATE OF	
	PLACE OF DEATH:	MARTIN	٦.	WHITE	4. USUAL RESIDENCE (	Where deceased lived, If	
	Baltimore City, M		l or institut	ion, give street address or	MARYLAND	B. COUNTY	before admission)
H				9L Hos P.	c. CITY OR TOWN ()	If outside corporate limi	ts, write RURAL and give township)
				Yrs.	D. STREET ADDRESS (I	f rural, give location)	
	ength of stay in I	Baltimore	67	Mos. Days	PARK RO		IERA
5	SEX 6.COLO	OR OR RACE	7. SINGLE	MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	If Under   Year   If Under 24 Hours
	MALE WI	HITE		PRRIED (Specify)	JULY 19, 1883	L 7	onths Days Hours Min.
10 wnr	A. USUAL OCCUPATION And Advantage of Marking In	ON (Give kind of)		OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
	CONTRACTO	R	00	UN INDUSTRY	MARYCAND		WHAT COUNTRY
13	JOSEPH	WHITT	5	(D)	14. MOTHER'S MAIDEN N	NAME	
15 (Ye	5. WAS DECEASED EVER	N U, S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
V	NKNOWN				Mrs. Jama White (	infe)	Same.
1	18. 470			CAUSE	OF DEATH	nettages to	INTERVAL BETWEEN
	DISEASE OR C	ONDITION I	DIRECTLY		1. , 7 ,	/ .	
	(This does not mea heart failure, asther	n the mode of	dying, e. g	. (A) Mysc	ARdial Infa	ections	
	injury or complica	tion which c	used death				Transfer Company
	ANTECE	DENT CAUS	ES	Cala	una chalia	is solopus	:
NO	DISEASES OR CO	NDITIONS, IF	ANY, GIVIN	(B) CO/C 0/	MRY Scelons	573 SCICILIA	
E	UNDERLYING CO	E CAUSE (A)	STATING TH	E DUE TO	plisted ARte	pincelapa	2
2				(c) GENICA	HISPA PAILLE	rerosciello	31.7
RTIFICA		П					
ER	OTHER SIGNIFIC	DEATH, BUT	NOT RELATE	D			
ū	TO THE DISEASE O						
AL	19A. DATE OF OPER	ATION	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
DICAL	21A. ACCIDENT WA	S UNDER-	21B. PLA	CE OF INJURY (e.g., in	mr 21c. WHERE DID	(If in Baltimore City,	yES NO give exact location)
ш	LYING OR CONTE	RIBUTING	about hume, f	arm, factory, street, nffice hidg., s	(c.) INJURY OCCUR?		
Σ	21D. TIME (Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F. HOW DID INJUR	RY OCCUR?	
	FINJURY			WHILE AT NOT WHILE			
	22 I homohay contif	45 m4 I m44		deceased from F-	0 - 10 105/ 10	F.D. 11 10 m	Z, that I last saw the
	deceased alive on	Feb. 11	1951	aeceasea from	red at <b>b</b> :55 Am., from	the causes and on t	L, that I last saw the
	234 SIGNATURE	1	, 10 = 1. (		3B. ADDRESS	- 11	23c. DATE SIGNED
	Inauers	Haces	u a	rate M.D.	luin Wemori	in Nosp	2-11-51
2. TI	AA. BURIAL, CREMA- ON, REMOVAZ (Specify)	24B. DATE	/ 2	24C. NAME OF CEMETE	/	LOCATION (City/town	
	10.	2.14.	11		VEEMEL	DAIIIM	POLE
	ATE RECEIVED BY	REGISTRAR'S	SIGNATU	RE	20 FUNERAL DIRECTOR	) 0	ADDRESS

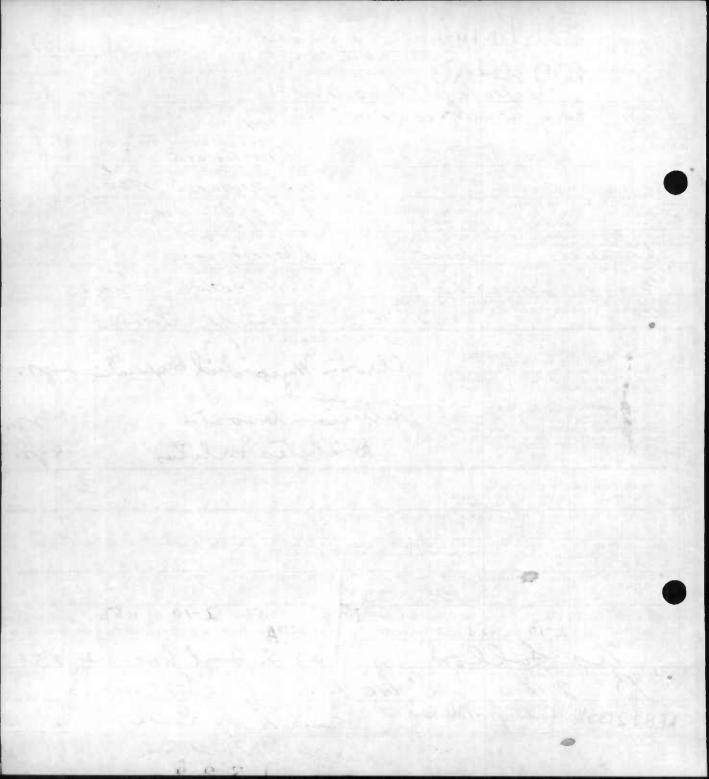
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0	1	330
DID.		

### CERTIFICATE OF DEATH Registered No. 1330 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICALE	E OF DEATH
BIRTH NO.	- OI BEATH
1. NAME OF DECEASED (Type or Print) GERTRUGE W. TREDE	2. DATE. OF DEATH  2. 10 - 5,
3. PLACE OF DEATH:  A. Baltimore City, Maryland 110 WARREN AUE	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION	c. CITY OR TOWN
0.0	Ballimore LL Downship)
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Days	110 WALLEN AUE.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In Years If Under I Year In Under 24 Hours Min.  2. Months: Days Hours Min.
10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign gountry)   12. CITIZEN OF
work done during most of working life, even if retired)    Jourse work   Jourse   INDUSTRY	DATITION OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. V. Spuce hote	(Alkerine Loves
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT_ ADDRESS
(Yes, no er whitnown) (If yes, give war or dates of service) SECURITY NO.	Trasily - Jans E.
18. od a V	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	in M deil Degree to 240
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	wares m
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	· 0 0 9. 0 A
(c)	abeles Welites 49.
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
V 21 ACCIDENT WAS AND THE 21B PLACE OF IN HIP V (a.c. in	YES NO L
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et CAUSE OF DEATH	a or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
2 fd. TIME (Month) (Day) (Mour) 21E. INJURY OCCURRED INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 1-	5 , 195 f, to 2-10 , 195 that I last saw the
deceased alive on 270, 1951, and that death occurr	red at S: Dam., from the causes and on the date stated above.
	38. ADDRESS 23c. DATE SIGNED
actullos M.O.	707 S. Hort live: 2-12:51
24A BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER	
1000 REMOVED SPECIFY 2-13.51 (EUAK)	HIII DAltimore
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
VS 150	13. 2 For I Cene 11

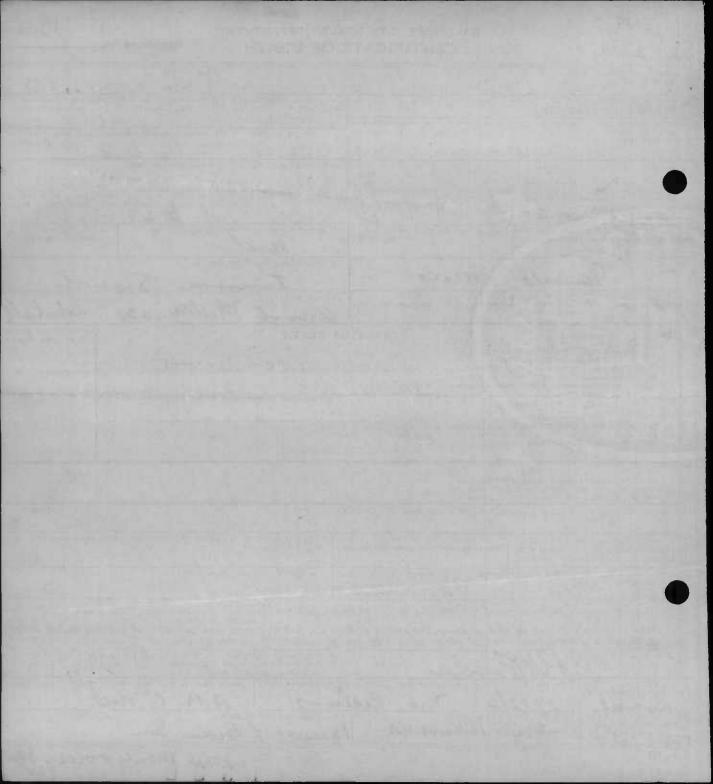


12	_0
BIRTH	1331

# BALTIMORE CITY HEALTH DEPARTMENT

1333

Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) HESTER DAVIS DEATH February 9. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUTAL and give INSTITUTION South Baltimore General Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. 1032 Leadenhall Street ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years if Under ! Year if Under 24 Hours Min. WIDOWED DIVORCED (Specify) female colored 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 11 TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL NO X 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of accident of suicide of homicide of undetermined of 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... X ASSISTANT MEDICAL EXAMINER..... 23c. DATE SIGNED Feb. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify 25. FUNERAL DIRECTOR RECEIVED BY ADDRESS REGISTRAR



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1332

1. NAME OF DECEASED (Type or Print) Stanislan Bruzdzinski	2. DATE OF DEATH 2-/0-5-/
A. Baltimore City, Maryland Johns Hopkins Hospital	A. USUAL RESIDENCE (Where deceased lived. If institution: residence  A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
V	D. STREET ADDRESS (If rural, give location)
Yrs. Mos. Days	2830 Odonnell St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  Male While Married	B. DATE OF BIRTH  9. AGE (In years if Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired)  Wath Deft INDUSTRY	Poland USA
Stanis Lyw Brunde mike	trances tracych.
15. WAS DECEASED EVER IN U. S. ARMED TORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or data of arrive) SECURITY NO.	Maries Brus dotuske ADDRESS
18. L//2 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
I FARING TO REATH	Gensive Cardiovascular
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	? S. C.
O THE TO THE ADDRESS OF THE TOTAL PROPERTY.	curdial Insufficercy
(c)/VI.90	corain 1 200 Thece
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
U 21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg.,	n or   21C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. about noine, farm, factory, etreet, omice side, set uting Cause of Death.	INJUNIT GOOD IT
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR: WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described a	above, held an Lisperiou thereon and from
the evidence obtained by said Autopsy, Inspection or l	Autops, Inspection of Inquiry Inquiry, find that said deceased died on the day stated above, $x \in \mathbb{Z}$ , accident $x \in \mathbb{Z}$ , suicide $x \in \mathbb{Z}$ , homicide $x \in \mathbb{Z}$ , undetermined $x \in \mathbb{Z}$ .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER
24a. BURIAL, CREMA- 24B. DATE TION DEMOVAL (Specify) 2-13-3-1 Standard	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR ADDRESS If Buy de inshi 148 7 Eastern live.
EB 1 21951	
VS 151	937

correct age is especially important.

### BALTIMORE CITY HEALTH DEPARTMENT

51. 1.333

81	RTH NO.			CERTIFICATI	E OF DEATH	registered .	
	NAME OF D	ECEASED				2. DATE	
(1	ype or Print)	Jos	eph L.	Piccola			. 9,1951
3.	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY	institution : residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	Md.	and a	alk
	STITUTION			location)	c. CITY OR TOWN (If	outside corporate limi	ts write HURAL and give township)
1	1	421 N.Ches	ter St	5.	Baltimore		, township,
				Yrs. Mos.	D. STREET ADDRESS (If		
		tay in Baltimore		Days	1421 N.Chest		
5.	SEX	6. COLOR OR RACE		E, MARRIED. /ED, DIVORCED (Specify)		9. AGE (In years last birthday) M	if Under 1 Year If Under 24 Hours on the Days Hours Min.
	Pv .	W	M		June 4,1867	83	
		CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Bailiff	Retired	t e. r		Baltimore		
13	. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME	
	Jos	seph			not known		
		D EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
				Special Company of the Company of th	Clara Piccola	1421 Chest	er St.
	18. 4/27	v.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
	/	SE OR CONDITION			- 1 -		
	(This does	LEADING TO DEA	TH of dying, e. :	B. (A) ar	lenercleration	C.U. K	1. 5 yes
		re, asthenia, etc. It mes		se,	tenerclerotic		
		ANTECEDENT CALL					,
z	TALLIT	ANTECEDENT CAUS	523	(B) The	ulo pneuma	u	3-5 days
12		S OR CONDITIONS, I		VG			
RTIFICATION		YING CONDITION L					
FIC	PLANCE OF THE			(C)		***************************************	
RTI	OTHER S	SIGNIFICANT COND	ITIONS CO	N -			
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ŁD.	***************************************		
				FINDINGS OF OPER	RATION		20. AUTOPSY?
Y							YES NO U
EDIC	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		lf in Baltimore City,	give exact location)
A H							
	210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereb	y eertify that I att	tended the	deceased from 7	/15 , 195 Oto	2/9 ,195	I, that I last saw the
				and that death occur		the causes and on t	the date stated above.
	23A. SIGNA	TURE /	0	2	23B. ADDRESS	al b	23c, DATE SIGNED
_	/.	Kell XX	reur		1212 M. Valle	you luly	0 2/12/5/
TI	ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE		OCATION (City, town	n, or county) (State)
	Burial	2/13/		Baltimore		altimore 1	id.
	ATE RECEIVE OCAL REGIST		S SIGNATI	JRE	25 FUNERAL DIRECTOR	1	ADDRESS
E	EB 1 219	51 11-4 1	- 1/11		Tarluce to Hot	maun 16	59 Droaders
	VS 150	CALL SOLVE STATE	THUE !	C30010-1 1/1500	10		027
		3	1 5				727

THE PERSON OF TH 

#### 51 1334 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) JOHN FRANCIS STAMM DEATH February II 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: before admission) B. COUNTY A. STATE A. Baltimore City, Maryland Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write)RULAL and give township) St. Agnes Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2634 Frederick Avenue ngth of stav in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours! Min. 6. COLOR OR RACE MARRIED ED, DIVORCED (Specify) Male 12. CITIZEN OF BUSINESS OR State or foreign country) 10A. USUAL OCCUPATION (Givekind of WHAT COUNTRY INDUSTRY work done during most of working life, even if retired) AS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) .. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ...

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21c. WHERE DID 218. PLACE OF INJURY (e. g., in or

21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

OF INJURY WORK

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

Autopsy 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \mathbb{N} \), accident \( \supersignit \), suicide \( \supersignit \), homicide \( \supersignit \), undetermined \( \supersignit \).

23A. SIGNATURE

23B, CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

(If in Baltimore City, give exact location)

DATE RECEIVED BY

DURECTOR

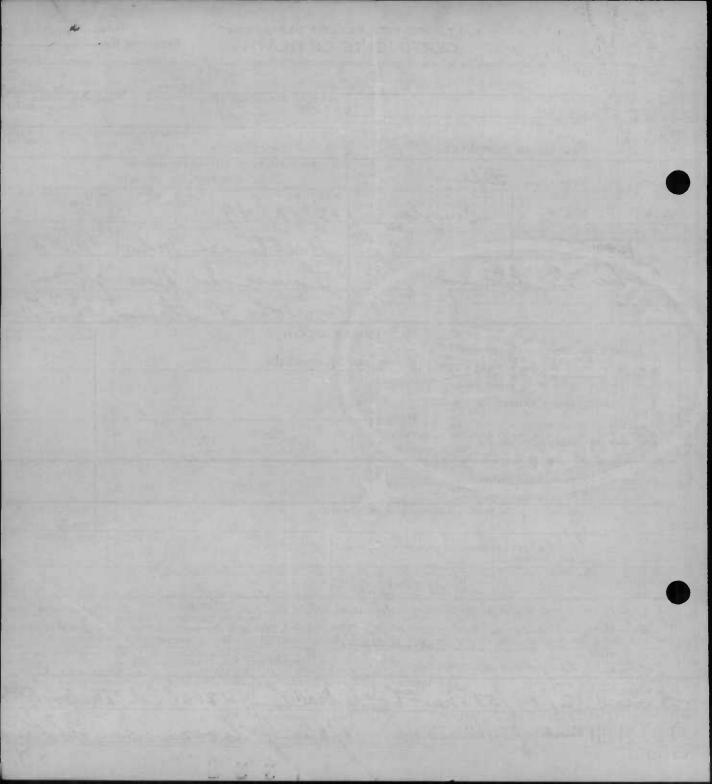
ADDRESS

23c. DATE SIGNED

thereon and from

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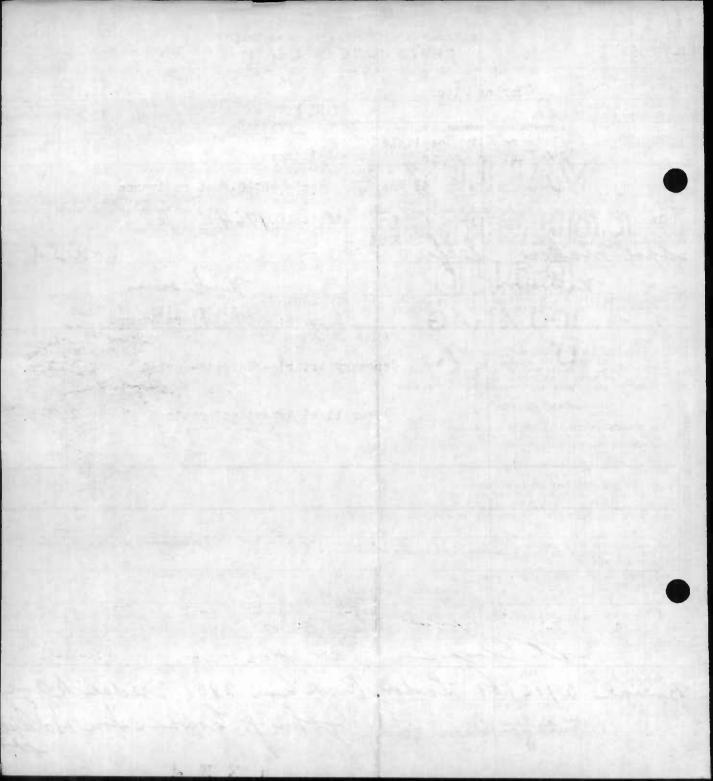
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### BALTIMORE CITY HEALTH DEPARTMENT

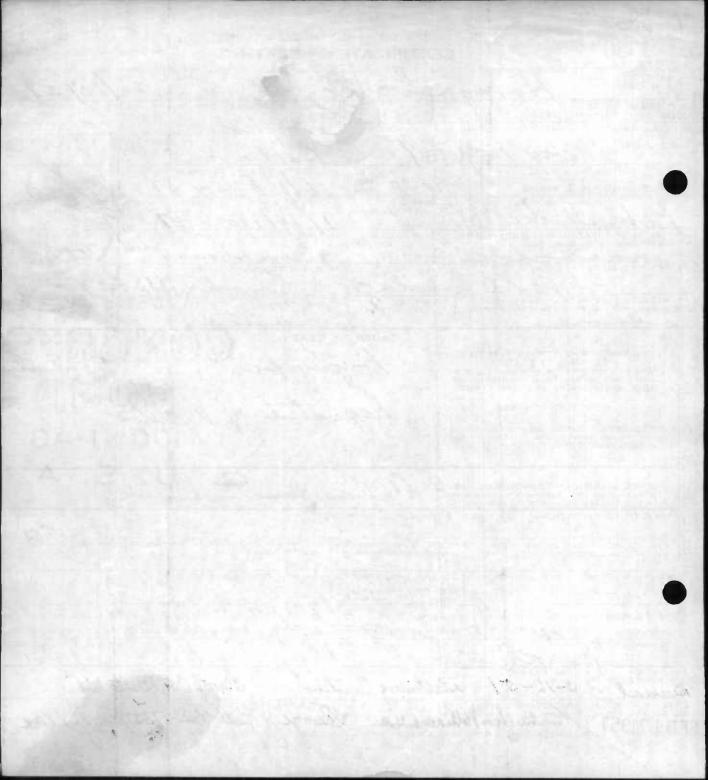
51. 1335

ND-75086 335	ERTIFICATI	E OF DEATH	Registered 1	No
1. NAME OF DECEASED (Type or Print) Charles Blo	ck		2. DATE OF DEATH Feb	.11,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or institution	give street address or		B. COUNTY	before admission)
HOSPITAL OR B-1+1	osnital cation)	C. CITY OR TOWN (If	outside comporate limit	s, write RURAL and give
institution Partimore City no.	ospidats	Baltimore		township)
4)40 Pastell nve	Yrs.	D. STREET ADDRESS (If	rural, give location)	
ength of stay in Baltimore	58 Yrs, Mos. Days	B.C.H. 4946 Eas	stern Avenue	
5. SEX 6. COLOR OR RACE 7. SINGLE, WIDOWELL WIDOW	D, DIVORCED (Specify)	Sept. 18, 1864	9. AGE (In years I last birthday) Mo	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND Owork doubled to grant of perking life, even if retired)		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME.	0029
Hubrown			known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANTBaltime	ore City Hos	DDRESS
	-	17. INFORMANT Baltime Records: 4940 Es	astern Avenue	)
18. 420 /	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	Corona	ry Arterioscleros:	is-marked	10 Yrs.
heart failure, asthenia, etc. It means the disease,				
injury or complication which caused death.)	DUE TO	The state of the s		
ANTECEDENT CAUSES	Ganan	alized Arterioscle	manda.	20 V
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)delier	alized Arterioscie	erosis	20 Yrs.
RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		***************************************	
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	RATION		20. AUTOPSY?
			4	YES X NO
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm	E OF INJURY (e. g., i a, factory, street, office bldg., c		f in Baltimore City, i	give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	LE AT NOT WHILE			
	ORK AT WORK	-2 1942/to 2	2-11 105]	
22. I hereby certify that I attended the de			100	, that I last saw the
		rred at 5:35 amn., from th		
23A. SIGNATURE	2			23C. DATE SIGNED
T.P. roge	M. D.	4940 Eastern Aven		2-11-51
24A. BURIAL, CREMA- 24B. DATE 10N. REMOVAL (Specify)	C. NAME OF CEMETE	RY OR CHEMATORY 24D. LO	OCATION (City, town,	or county) (State)
Burial 2/13/57 2	Joudon C	ark Esm 38	01 Fred	erickare
DATE RECEIVED BY   REGISTRAN'S SIGNATURE		25 FUNERAL DIRECTOR	,	ADDRESSO 6
FEB 1 2195 The William	10 11 8	John 4.6.	owan +	on Hollies
VS 150	. //		G	La A.

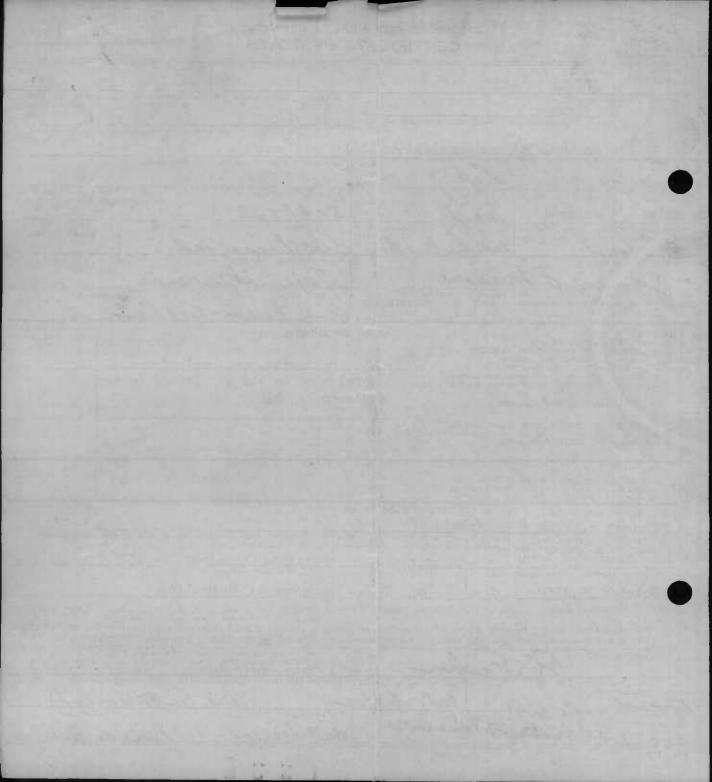


- 1	200				5	1 1336
Topo of	1336			EALTH DEPARTMENT	Registered No.	
В	IRTH NO.		CERTIFICAT	E OF DEATH	registered 110.	
	NAME OF DECEA	Hans	y Shrade	er	2. DATE OF DEATH 2	0/51
Α.	PLACE OF DEATH Baltimore City,	Maryland	7	4. USUAL RESIDENCE (Who		titution : residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	lerry Ho	stitution, give street address or location)		utside corporate imits, w	vrite RULA and give township)
7	ength of stay in	n Baltimore	29-30 Yrs.	D. STREET ADDRESS (If ru	ral, give location)	
5.	Male 6.CC		NGLE, MARRIED, IDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years   Month	let I Year If Under 24 Hours as Days Hours Min.
1 C	A. USUAL OCCUPA k done during most of working	TION (Give kind of 10B. ag life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12	CITIZEN OF
13	B. FATHER'S NAME	Ine S	hrades	14. MOTHER'S MAIDEN NAM	Bake	
15 (Ye	5. WAS DECEASED EVE	R IN U. S. ARMED FORC	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
-	(This does not r heart failure, ast	I CONDITION DIRECT CONDING TO DEATH mean the mode of dying henia, etc. It means the ilication which caused	g, e. g., (A)	of DEATH physics		INTERVAL BETWEEN ONSET AND DEATH
FICATION	DISEASES OR (	CEDENT CAUSES CONDITIONS, IF ANY, OVE CAUSE (A) STATII CONDITION LAST.		renten of	Vonutes	
CERTIF	TRIBUTING TO T	II FICANT CONDITIONS HE DEATH, BUT NOT R OR CONDITION CAUS	ELATED / Co	ine live =	Serve	
۲	19A. DATE OF OP	ERATION 198. MA	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT I LYING OR CON CAUSE OF DEAT	TRIBUTING   about	B. PLACE OF INJURY (e. g., i home, farm, factory, street, office bldg.,		in Baltimore City, give	e exact location)
M		n) (Day) (Year) (Hour	) 21E, INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR7	
	22. I hereby cer deceased alive o		the deceased from 2	76 , 1951, to 2 rred at 5 5 m., from the		that I last saw the
	23a. SIGNATURE	wws B		Herry Hose		2- 10/51
	4A. BURIAL, CRÉMA ON REMOVAL Specify		Baltimore Cen	interry 240. Local Lines	han, Belto	1 1 1
PLO	ATE RECEIVED BY OCAL REGISTRAR B 1 21951	REGISTRAR'S SIG	Miens, M.	George Fruth	Puc-1735 Ha	uford are
	VS 150	9 :	970	99		65a
			The first of			

, 10



2 50		5 4 4000
	ATE OF DEATH	Registered No. 1337
1. NAME OF DECEASED (Type or Print) ALFRED MASON		DATE OF DEATH February 8, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street addr	A. STATE  Maryland	e deceased lived. If institution : residence B. COUNTY before admission)
South Baltimore General Hosp	oital Baltimore	side corporate limite, write kull and give township)
ength of stay in Baltimore Tife	Mos. Days 618 W. Barre Str	
male colored 7. SINGLE. MARRIED. WIDOWED DIVORCED (S	5-28-33	last birthday) Months Days Hours Min.
work done do go mo of working life, even if retired) mo. leastan los	Baltimore, 7	what country?
James A. Mason  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Daisy Stign	gine
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY I	Daisy Mason -	ADDRESS  1018 Barre St.  INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	cope following anesthe xcision of keloid at si vulsion of skin	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. UTING CAUSE OF DEATH.  21B. PLACE OF INJURY about home, farm, factory, street, office industrial industrial  21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUPANTION OF INJURY	Maryland Contain	er Co. 1515 Russell St.
the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural c	Autopsy, Inst or Inquiry, find that said decet causes , accident , suicide ASSISTANT MEDICAL EXA ASSISTANT MEDICAL EXA	MINER 23c. DATE SIGNED
24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CE 110b; REMOVAL (Specify) 2/13/5/ mt. loss DATE RECEIVED BY LOCAL REGISTRAR FFB 1 21951 The state of the	M.D. MEDICAL INVESTIGATOR METERY OR CREMATORY 24D. LOCA  LURACY  25 FUNERAL DIRECTOR  Wm. A. JACKSON - 9	Lo. Maly fand ADDRESS  16 PENNA, ASE.
N-999.2	041	116



	657 BALTIMORE CITY HEALTH DEPARTMENT 51	1338
5	1 1338 CERTIFICATE OF DEATH Registered No.	
	NAME OF DECEASED Virginia H. Branch   2. DATE OF DEATH Jeb. 9,	1951.
A.	PLACE OF DEATH:  Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived, If instit a. STATE  B. COUNTY	ution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location)  OSPITAL OR INSTITUTION  OSPITAL OR INSTITUT	re RURAL and give
	Yrs, D. STREET ADDRESS (If rural, give location)	
-	Length of stay in Baltimore Days 373 n. Cawoutton une	1 Year   If Under 24 Hours
3	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 3-lb. 5, 1901 9. AGE (In years last birthday) Months	Days Hours Min.
WOT	k dome during most of working life, even if retired) INDUSTRY O'namerch Va. U.	CITIZEN OF WHAT COUNTRY
	Lorenza chandler. Edith Pitts.	
	5. WAS DECEASED LEVER IN U. S. ARMED FORCES? (If yos, give war or dates of service) SECURITY NO. 17. INFORMANT Branch. 543 N.C	avolta
		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	?
	injury or complication which caused death.) DUE TO	
7	ANTECEDENT CAUSES	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
E	(C)	
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
AL	194 DATE OF OPERATION O 198 MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
(EDIC)	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)	exact location)
12	ID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	

INJURY NOT WHILE WHILE AT

22. I hereby certify that I attended the deceased from\_ and that death occurred at 30 deccased alive of 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR 24B. DATE BULLED BY DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

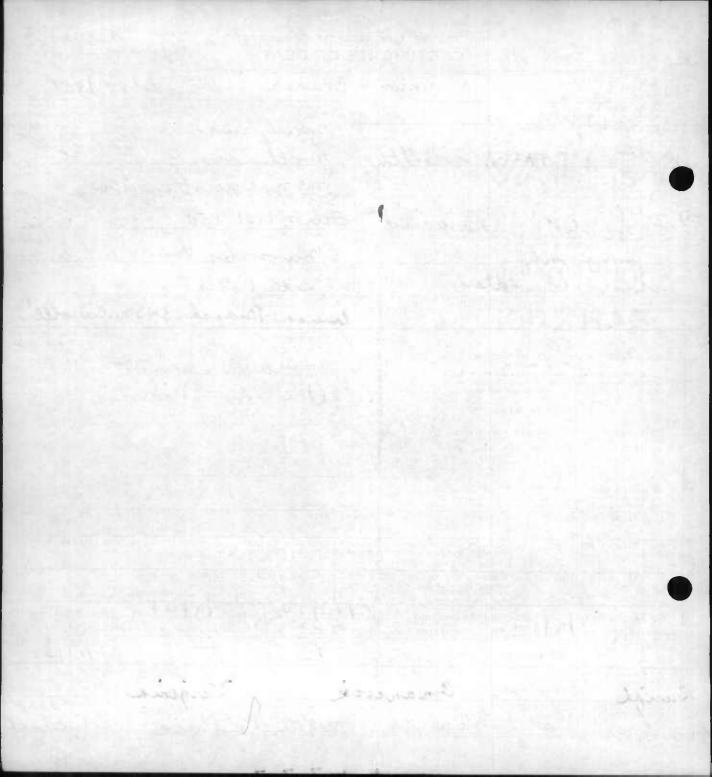
24D. LOCATION (City, town, or county)

m., from the causes and on the date stated above.

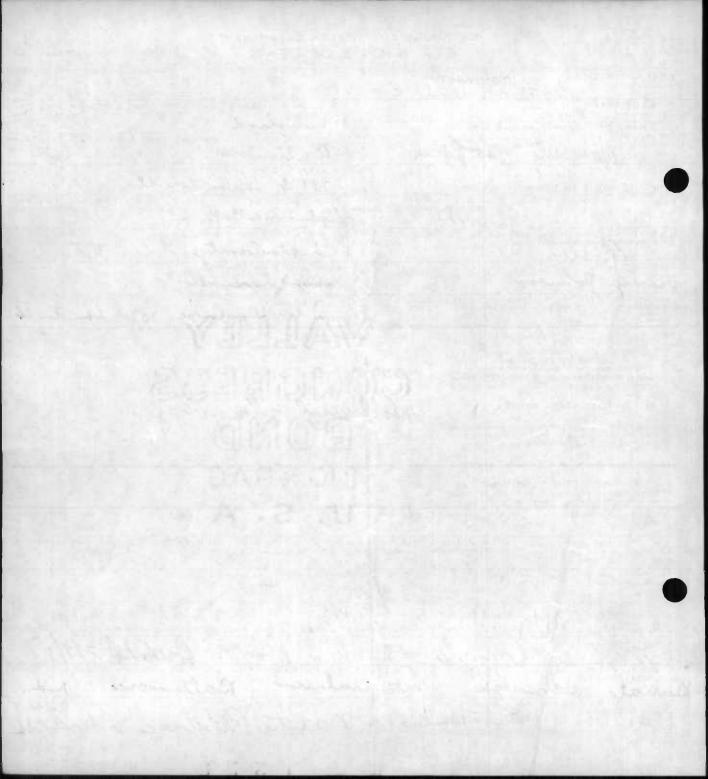
230 DATE SIGNED

23B ADDRESS

19\_\_\_, that I last saw the



560 51. 1339 BALTIMORE CITY HE CERTIFICATION	4.00
1. NAME OF DECEASED (Type or Print) / LWRY ( WSS/ C.	2. DATE OF DEATH 2/1/5.
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
INSTITUTION YMMERILE Gorfisal	C. CITY OR TOWN (If outside corporate lights, write RUBAL and give to hiship)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 751 W. Lefington St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	B. DATE OF BIRTH  Left Less 1909  9. AGE (In years It Under I Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  INDUSTRY	Chester County, S.C. 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Kitty Caldwell.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yea, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Jenly Jenly , 751 W. Lefnista St.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ubral-kemon haze.
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OPERATION   19	
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., cause of Death	
2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURR  MILE AT WORK AT WORK	
	19, to 2, 7, 5, 19, that I last saw the reed at 10:30 gm., from the causes and on the date stated above 33. ADDRESS ON LAST STENED
24A. PURIAL, CREMA- 24B. DATE 1937 24C. NAME OF CEMETE TION, REMOVAL (Specify) Jelman 12, The Cartesian Company 12, The Ca	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  Batteriore md
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRARS	Mrs Kater RWilliams Schooler SI
(J. B. Bronushas)	83a

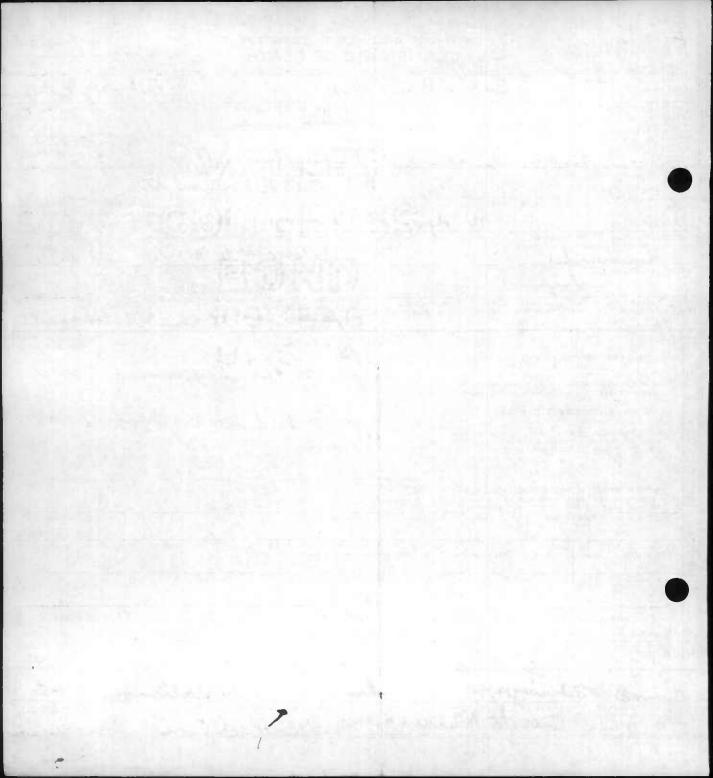


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1340

Registered No .\_\_

BIRTH NO.						
1. NAME OF DECEA (Type or Print)	SED	Susie	B. Vaugho	w.	OF Februa	uy 8, 1951.
3. PLACE OF DEATH A. Baltimore City,	Maryland			A. STATE	Where deceased lived, If inst	titution: residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospit		give street address or location)	71000	outside corporate fimils, w	rit RUIAL and give township)
c. Length of stay i	n Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	
Florale 6.C	OLOR OR RACE			B. DATE OF BIRTH		er I Year If Under 24 Neurs S Days Hours Min.
10A. USUAL OCCUPA work done during most of work	ATION (Give kind of ing life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	n.C.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Lanous	<u></u>		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EV (Yes, no or unknown) (19	ER IN U.S. ARMEI yes, give war or date	FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT		ress oddard Ct,
18. 443	V .		CAUSE	OF DEATH		INTERVAL BETWEEN
(This does not heart failure, as	R CONDITION DING TO DEA mean the mode of thenia, etc. It mes blication which	TH of dying, e.g., ns the disease,	(A)	ocardial !	rops vosula	
DISEASES OR	CONDITIONS, I BOVE CAUSE (A) CONDITION LA	F ANY, GIVING STATING THE	DUE TO LEW	ententrie co	rops vosula	6-m
	FICANT COND THE DEATH, BUT	NOT RELATED				
194 DATE OF OF	PERATION 0 1		INDINGS OF OPER	RATION		20. AUTOPSY?
ш	SUICIDE, pecify)		OF INJURY (e. g., i n,factory,street, office bldg.,		If in Baltimore City, give	exact location)
INJURY (Mont	h) (Day) (Year)	WHI	E. INJURY OCCURR  LE AT NOT WHILE ORK AT WORK		Y OCCUR?	
22. I hereby cer	tify that I att		ceased from	- 10 , 1950, to	2-8, 1951, t	hat I last saw the
deceased alive		_, 19 <u>51_</u> , an		rred at 4. wf m., from t		
234. SIGNATURE	nother	Fully	M. D.	1843 Penna C	ge !	10151.
24A. BURIAL, CREM TION, REMOVAL (Specif	A- 24B. DATE	13 105 24	mt. and	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
DATE RECEIVED BY	REGISTRAR	S SIGNATURE		25. FUNERAL DIRECTOR	Darmore	DDRESS 322 N
FFB 1 2195	timeter	冰水水	aise, HE	Mrs XIII RAVA	lliams. Su	hocaers
VS 150		,				00

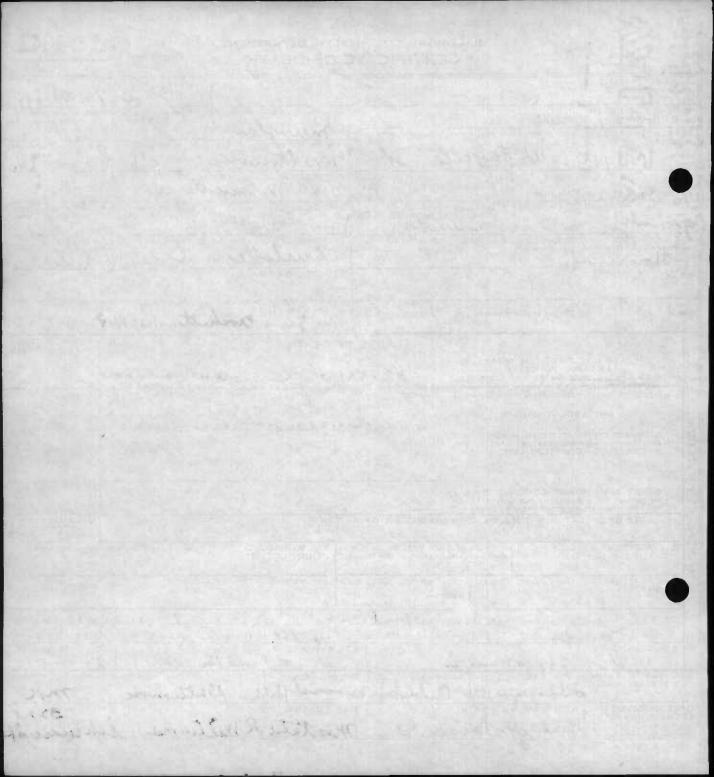


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### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1341

В	RTH NO.			CERTIFICAT	E OF DEATH	registered in	
1. (T	NAME OF D		KETT			2. DATE OF DEATH 2-	7-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland					4. USUAL RESIDENCE (		nstitution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	1102 W.	Jayet	on, give street address of location)		f outside corporate limits.	white in its , and give township)
		tay in Baltimore	/	Yrs. Mos. Days	1102 W. Fay	f rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				D, DIVORCED (Specify)	S. DATE OF BIRTH	9. AGE (In years last birthday) Mon	Inder 1 Year If Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired)					Charlotte,	n.C.	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	IAME ?			14. MOTHER'S MAIDEN N	IAME	
15 (Ye	. WAS DECEASE s. no or unknown)	D EVER IN U. S. ARMEE (If yes, give war or date:	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	butt. 1102W	Payeto ba
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	DE OR CONDITION LEADING TO DEA' not mean the mode of the complication which of the complication that the complication is to the death, but	TH of dying, e. g. ins the disease, caused death.) SES F ANY, GIVING STATING THE IST.	(B) GENER  DUE TO	RIOSCIEROTIC CA,		?
LC	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?		
IEDICA		A. ACCIDENT, SUICIDE,   218, PLACE OF INJURY (6. g., in or   21c. WHERE DID (If in Baltimore City, give exact location)					
Σ	22. I hereby	Month) (Day) (Year)  y certify that I att  ive on 2 - 3	ended the d	nd that death occur		<b>2 - 7</b> , 19 <i>51</i> ,	
2.4 TIC	AA. BURIAL. CON. REMOVAL (S)	REMA- 24B, DATE	100000	M. D.  4C. NAME OF CEMETE  OLIVERY	RY OR CREMATORY 24D. L	Lin St.  LOCATION (City, town, o Battimore	2-8-51
	CAL REGISTI		S SIGNATUR	eus HS	25. FUNERAL DIRECTOR Mrs. Katu R. W.	Iliams ,	Echredul
	VS 150						60

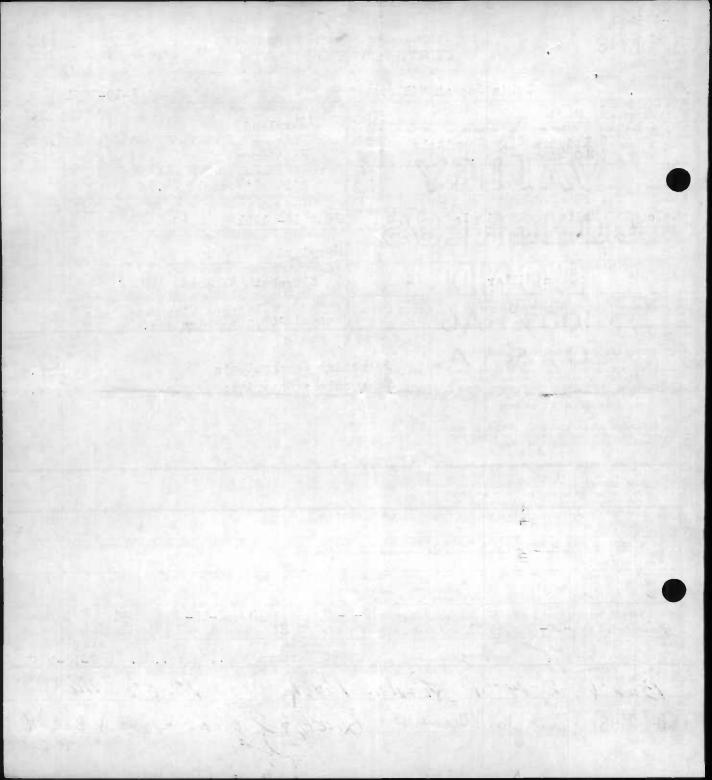


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### BALTIMORE CITY HEALTH DEPARTMENT

51 1342

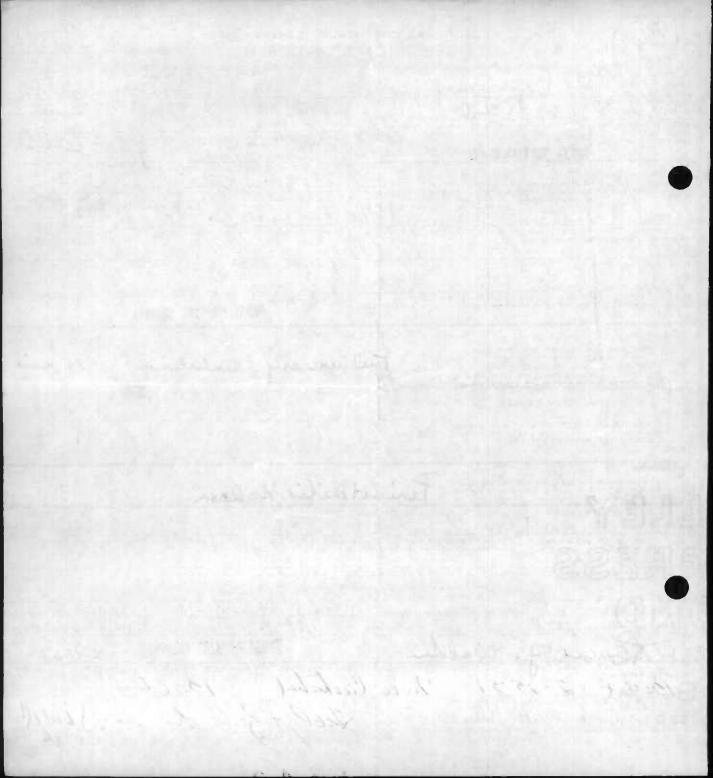
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Louis Joseph Miller 2-10-1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1940 Eastern Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 2914 O'Donnell St. ength of stav in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year Single (Specify) last birthday) Months Days Hours Min. Male White July 14- 1901 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland UNKNOWN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Miller (D Elizabeth Alberts (D 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Limore City Hospitals (Yes, no or unknown) SECURITY NO. Records: 4040 Eastern Ave CAUSE OF DEATH INTERVAL BETWEEN 002 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary Tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Tuberculous Enteritis injury or complication which caused death.) 2yrs. ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 2-9-1950, to 2-10-, 1951, that I last saw the deceased alive on 2-10-19 51, and that death occurred at 3 Mm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave., Balto., Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25/FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR FEB 1 21951



	100	)
15	IRTH NO	1.343

### CERTIFICATE OF DEATH Registered No. 1343 BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.			CERTIFICAT	E OF BEATH		
(T	NAME OF D ype or Print)	Phillip	19-	rpper		2. DATE OF DEATH	mars 10.1951
	Baltimore C	EATH: City, Maryland	OSL 6	, , , ,	4. USUAL RESIDENCE (	Where deceased lived. I	If institution : residence before admission)
B. H(	FULL NAME OSPITAL OR		al or instituti	on, give street address o location			its, write RURAL and give
3	SITIOTION	HARDE SAROFKII	IS KOSPITE		Bultima	m.	township)
-				Yrs.	D. STREET ADDRESS (I	rural, give location)	
_		tay in Baltimore		Mos. Days	6315,2	inwood	Me.
5.	male	6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED, ED, DIVORCED (Specify	6. DATE OF BIRTH 92	9. AGE (In years last birthday)	ff Under 1 Year   If Under 24 Hours   Min.
10 worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired) U MK Me we we	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN N	IAME	
	JUNI	wh Du	Lhu		anna Y	Melon	
15 (Ye	. WAS DECEASE	D EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	OPKINS KOSPITAL	ADDRESS
ATION	(This does heart failur injury or DISEASES RISE TO TH	LEADING TO DEA' not mean the mode of the m	ITH  If dying, e.g  ns the disease  aused death.  ES  FANY, GIVIN  STATING TH	(B)		Malin	15 muis
AL CERTIFICATION	TRIBUTING TO THE OI	IGNIFICANT CONDITO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	~	wilis Modo	44	20. AUTOPSY?
EDICAL	LYING OF	ENT WAS UNDER-		CE OF INJURY (e. g., arm, factory, street, office bldg.		If in Baltimore City,	give exact location)
M	21D. TIME (	DEATH  Month) (Day) (Year)		HILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
		y certify that I att	( )		12-23 19 to	2-10, 19	I, that I last saw the
	23A, SICNA	ive on E-10	4170	ond that death occu	rred at 10 m., from 23B. ADDRESS 19118 HOP	KINS HOSPITAL	the date stated above.
24	A. BURIAL, C	REMA- 248, DAGE	2	4C. NAME OF CEMETE	ERY OR CREMATORY 24D. I	OCATION (City, tow	7-11-3
DA	TE RECEIVED CAL REGISTI	D BY REGISTRAR	ha 3/18.	RE WILL, MES.	25. PUNERAL DIRECTOR	in the is	ADDRESS WELL
	VS 150	0			10		U
			Contract Con	1 6			111a

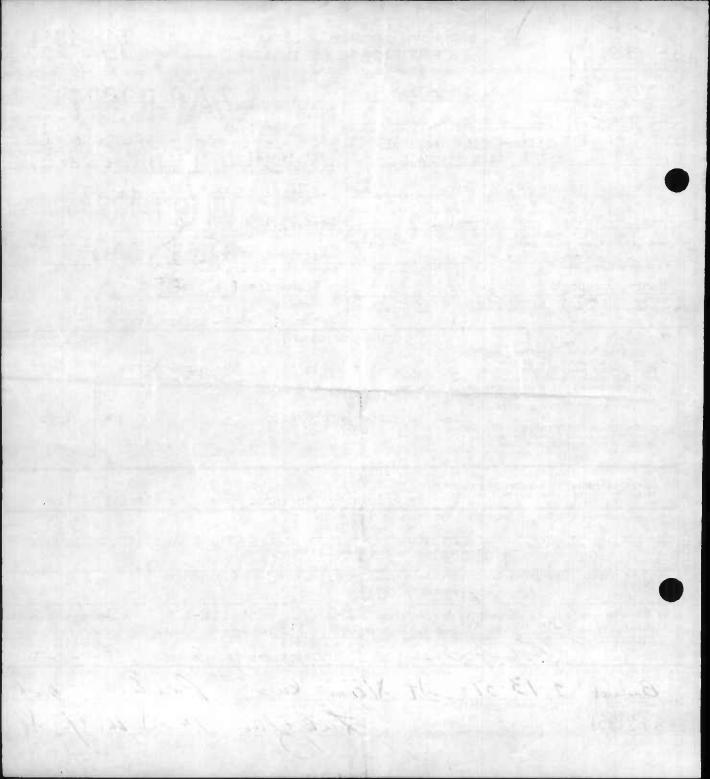


10		-	
NDL	1449	600	á.
BIRT		J.	75

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1344 Registered No.

BIRTH NO.				- 0. D		
1. NAME OF (Type or Prin	T DECEASED	ichael	Duraczyk		2. DATE OF Tab	10 1063
3. PLACE OF A. Baltimor  B. FULL NAI HOSPITAL OF	F DEATH: e City, Maryland ME OF (If not in hospic	tal or institut	ion, give street address or	4. USUAL RESIDENCE () A. STATE Maryland	Where deceased lived, If B. COUNTY	before admission
INSTITUTIO	N Baltimo 4940 Ea	re City stern A		Baltimore	1-0	s write RURAL and give township
ength o	of stay in Baltimore	Li		710 S. Luzer	ne Ave. (24)	
Male	6. COLOR DR RACE	Marr		Sept.23,1890	last birthday) Mo	onths Days Hours Min.
work done during n	OCCUPATION (Give kind of nost of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER			(ONST	14. MOTHER'S MAIDEN N	AME	
Henry	Duraczyk			Catherine ?		
(Yee, no or unkno	(If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Records: 4940 I	more City Hos Eastern Avenu	Preals e
(This cheart f	EASE OR CONDITION LEADING TO DEA' does not mean the mode of ailure, asthenia, etc. It mea or complication which of	TH of dying, e.g ons the diseas- caused death	Throi	OF DEATH	ominal Aorta	INTERVAL BETWEEN ONSET AND DEATH
H UNDER	ANTECEDENT CAUS SES OR CONDITIONS, II O THE ABOVE CAUSE (A) RLYING CONDITION LA	F ANY, GIVIN	IG	iosclerosis		Yrs.
H TRIBUT	II R SIGNIFICANT CONDI ING TO THE DEATH, BUT E DISEASE DR CONDITION	NOT RELATE		lerotic Cardio Vas	scular Diseas	e Yrs.
19A. DAT	E OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
LYING	CIDENT WAS UNDER. OR CONTRIBUTING		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City, g	YES X ND zive exact location)
2 ID. TIME	E (Month) (Day) (Year) RY		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	( OCCUR1	
22. I her	reby certify that I att	ended the		L-8 19 57 to	2-10 , 19 5	that I last saw the
23A. SIGI	Nature 2-10	, 19_01.	and that death occur	rred at 1:30 pm., from to		ne date stated above.
24A. BURIAL TION, REMOVAL	CREMA- 24B. DATE	0 2	M. D.	4940 Eastern Aver	nue OCATION (City, town,	2-10-51 or county) (State)
DATE RECEI	real 2-10	-57	St Sta	nis Cers	Ballin	- hel
FEB 12	STRAP	S SIGNATU	L'englie	25 FUNERAL DIRECTOR	903 S. Z	Volf St
VS 150	- /		F - 11 9 11	1-)		10-5

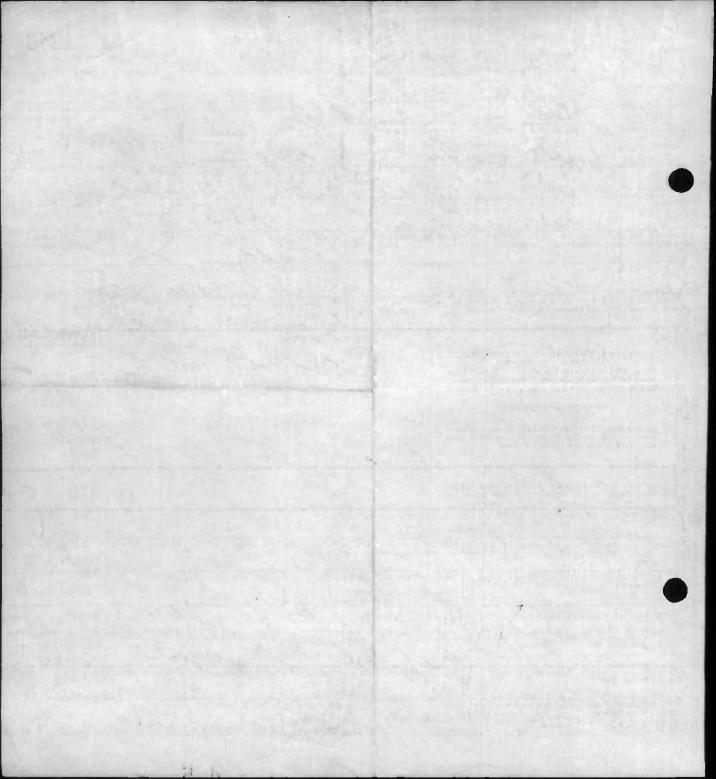


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

B	TRTH NO.	N-9		CLITTII ICAT	E OF BEATH	2008-200-200	
1.	NAME OF D	DECEASED				2. DATE	
(1	type or Frint)	Vict	oria	Allen		DEATH Feb.	8th. 195 I
3.	PLACE OF	EATH.			4. USUAL RESIDENCE (W	here deceased lived. If in	
Α.	FULL NAME	City, Maryland	salto.	City	A. STATE	B. COUNTY	before admission
H	OSPITAL OR	OF (If not in nospit	ai or institut	ion, give street address or location)		111111111111111111111111111111111111111	47
IN	STITUTION					outside corporate limits.	write RUR Land giv
1	) ()	II29 West	Sars'	toga Street	Baltimore C	ity Marylan	d
				Yrs. Mos.			
		stay in Baltimore	49 Y	rs. Days	II29 West Sa	ratoga Stre	et
5.	. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) If Un	der 1 Year   If Under 24 Hours
	Female	Col.	2.4	ried	April.I.1881	69	hs Days Hours Min.
10	A. USUAL OC	CUPATION (Givekinder		OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF
wor	k done during most	of working life, even if retired)		INDUSTRY			WHAT COUNTRY
13	HOUSE B. FATHER'S		At H	ome	Ashland Virg		.S.A.
	D. LATHER 3	NAME			14. MOTHER'S MAIDEN NA	ME	
	Soua	re Edmor	ide		Allice E	dmonds	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date)	FORCES?	16. SOCIAL	17. INFORMANT	ADD	RESS
(	No	(11 Jos, Bito was of date	or service)	SECURITY NO.	Cornelia Moore		
	18. 2	m		CALICE		1100	INTERVAL BETWEEN
		3/X		CAUSE	OF DEATH	. ,	ONSET AND DEATH
		SE OR CONDITION LEADING TO DEAT	TH			NII	1/0/
	(This does	s not mean the mode oure, asthenia, etc. It mea	f dving, e. c	, (A) erel	The Vasen lev	1 costen V	48 4-1
	injury or	complication which c	aused death	DUE TO	1		
		ANTECEDENT CAUS	Ec		11 1 .		
7		ANTECEDENT CAUS	ES		menter:		
ō	DISEASE	S OR CONDITIONS, II	ANY, GIVIN	G (B)		***************************************	•
E	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
O				(C)			
CERTIFICATION		11					-
RT		SIGNIFICANT CONDI					
E	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	2200	0					YES NO
EDICAL	21A. ACCIE	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., is	or 21c. WHERE DID (If	in Baltimore City, give	
П	LYING O	R CONTRIBUTING	about home, f	arm, factory, street, office bldg., e	te.) INJURY OCCUR?	2011111012 0107 8111	. cauci location)
Σ	CAUSE OF		(7.7 )				
	INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
			m. 1	WORK NOT WHILE			
	22. I horoh	u cortifu that I att	and ad the	deceased from fe	5 , 195/ to Fe	68 1001	12 4 T T 4 1
	decembed a	line on Ech &	105-1	ueceasea from pe	, 190 , 10		that I last saw the
	23A. SIGNA	TURE	, 190, (		red at 1:45 p.m., from th		
	JUN. OTOTA	13%	Im		1.0 1	4	23c. DATE SIGNED
2/	AA, BURIAL,	CREMA- 24B. DATE	0 /60	4c. NAME OF CEMENE	202 N. Caroline	e JT.	-02.11,175
TIC	NEMOVAL (S	Specify)	100	ALL NAME OF CEMELE	RI OR CREMATORY 24B. LC	CATION City, town, or	county) (State)
_	Sun	0 2/12/	3/	my paco	my much 12	cooperfic	
D/	ATE RECEIVE		SIGNATU	RE	25. VINERAL DIRECTOR	r 1/ A	DDRESS
	FER 12	951 Timber	流儿	L'aura Ha	Pelour, W	chan 100	o Brany
=	- 30 50 1 60				10,00		1 0

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 51 - 034/3 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate white, write R. Land give C. CITY OR TOWN township) 01 Yrs. D. STREET ADDRESS (If rural, give location) Mos Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH AGE In years | H Under | Year | H Under 24 Hours | last Wirthday | Months; Days | Hours : Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Envene 2 Inna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yea, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CEI TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING☐ OR CONTRIBUTING☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY NOT WHILE WHILE AT WORK 1951 to C Jeb 11, 195 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on \_\_\_\_\_\_\_, 19 ... and that death occurred at \_\_\_\_\_\_, from the causes and on the date stated above. 23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 240, LOCATION (Gitx, town, or county) Men DATE RECEIVED BY 25 FUNERAL DIRECTOR SIGNATURE FFB 1 2 1951

VS 150



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1.347

Registered No.

1. NAME OF DECEASED (Type or Print) Mary R. Ashley	2. DATE OF DEATH Feb. 10 '51
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	813 Cator Ave. Balto. Md.
813 Cator Avenue	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore 28 4rs. Mos. Days	813 Cator Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	No V. 12 1863 9. AGE (In years of lunder I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
House wife	Maryland U.S.
James F. Brown	Mary Ann Jenkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
- none	Thelma A. Prince 813 Cator Aug.
4760	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	craffemourhage with Hemisleyis 25 day
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ertensin credit a RX.
ANTECEDENT CAUSES	enal disease watular , Eurs
Z (B)	, 3/02,
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
<u>E</u> <u>(c)</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION   20. AUTOPSY?
AL O	YES NO E
21a. ACCIDENT', SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (c. g., in about home, farm, factory, street, office bldg., e	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
	23, 1957, to Fel. 10, 1951, that I last saw the
	red at!! 26 P.m., from the causes and on the date stated above.
23A. SIGNATURE LOCAL S. Suerlon M. D.	38. ADDRESS JOHN OUNG CO. 1215. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 12-14-19 SI WESLEY CHAN	PELCEM. KOCK HALL MO.
DATÉ RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
EB 1 21951 Hunter tra Miliana, MA	H.W. JENKINS & SONS CO. 4905 YORK RO
VS 150	1312

Mary Markey FEE 10 '51 Sisterice free Barte Inc. 83/2/more md. : 813 Later Avenue 813 Cater Dec 25 415 F chite i doned AA WALLEY A Housewire Maryland James F. Brown Mary Kom Sonk no Thelma P. France SLECKTER POR 311300

## BALTIMORE CITY HEALTH DEPARTMENT

51. 1348

ВІ	RTH NO.		CERTIFICAT	E OF DEATH	ategistered 110.	
	NAME OF D ype or Print)	JAMI	es H. Owens		2. DATE OF 2/10/ DEATH	151
	PLACE OF D Baltimore (	EATH: City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If ins	titution : residence before admission)
В.	FULL NAME		tal or institution, give street address or location)			
	STITUTION	08 LIGHT S		R	outside corporate limits,	vrite RURAL and give township)
0	0 90	18 FIBHI	Yrs.	DALTIMORE D. STREET ADDRESS (If	rural, give location)	
	Length of s	tay in Baltimore	Lefo Mos.	908 LIGHT S		
5.	SEX	6.COLOR OR RACE		8. DATE OF BIRTH	9. AGE (in year)    Un	der I Year   ff Under 24 Hours hs: Days Hours: Min.
	M	WHITE	MARRIED	JAN. 14, 1879	72	
		CUPATION (Give kind of of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	2. CITIZEN OF WHAT COUNTRY?
	ACKSM.		SHIPYARD	WASH IN GTON	Dic.	U.S.A.
	1	B. OWEN	15	ELLA SHEA		
15	. WAS DECEASI	ED EVER IN U.S. ARME	D FORCES?   16. SOCIAL	17. INFORMANT		PRESS
(Ye	, no or unknown)	(If yet, give war or date	security No. 218-05-2705	MRS. MARY A.		
	18. 5	92X,	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION				1 0
	(This does heart failt	s not mean the mode are, asthenia, etc. It me	of dying, e. g., (A)	Milra Regeleg	eletron Scone	1 Hours
	injury or	complication which	caused death.) DUE TO			
7		ANTECEDENT CAU	SES (B)	alrero Seeros	. Harularla	182
TION		S OR CONDITIONS,	IF ANY, GIVING			***************************************
CAT		YING CONDITION L				
L		11	(C)	Charce Inles	while a Kaplaneer	146
CERTI		SIGNIFICANT COND				
C	TO THE D	G TO THE DEATH, BUT	N CAUSING IT.	M.T.O.		L CO ALITODOVA
AL	19A. DATE C	Kores 1	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDE	ENT, SUICIDE,	21B. PLACE OF INJURY (e. g., shout home, farm, factory, street, office bldg.,		If in Baltimore City, giv	
MEC	HOMICIDE	(Specify)	about nome, tarm, tactory, street, other nog.,	etc.) INJURY OCCUR?		
2	INJURY	(Month) (Day) (Year	WHILE AT NOT WHILE		Y OCCUR?	
	22 I hough	an acceptific that 7 -4	m.   WORK   AT WORK	Closery 10, 1950, to	July 10 1051	that I last saw the
	deceased a	live on See 4	tended the deceased from	11300	he causes and on the	
	23A. SIGNA	TURE	T. 13	38. ADDRESS		23c. DATE SIGNED
			Drovens M.D.	2878 Nag		2-11-51
7 TJ	AA. BURIAL.	CREMA- 248. DATE Specify)	24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)
D	DURIAL ATE RECEIVE	D BY   REGISTRAR	'S SIGNATURE	EORAL DIRECTOR	ALTO., MID.	DDRESS
	CAL REGIST		iter Villiams, Mill	hur F Denny	True neli	CHTST
=	VS 150	3311.100	6	JUHN I. WENNY	MACI 110 KI	
			501 36			1310

JAMES H. CWENS WHIT MAKRIED SAME KENNEY COMPANIED JAMES D. CHERO 236-0-215 2/11/6 STEW COSTECUS CONTROL PARTY OF THE

The

3

3

7. 8.

9.

MOTHER | FATHER |

is especially important.

age

correct

Physicians: please write the causes of death clearly and legibly.

51. 1349

CERTIFICAT	E OF DEATH  Registered No
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 3 0 2 5 Windson and  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days) bays  (e) Length of stay in Baltimore (yrs., mos., or days) 3/44.	2. USUAL RESIDENCE OF DECEASED:  (a) State Mal. (b) County 7-18  (c) City or town Bellingors  (If outside city or town limits, write RURAL and give town)  (d) Street No. 3609 Believe deel Me.  (If rural give location)  (e) Citizen of foreign country? (Yes or No)  If yes, name country.
3 (b) If veteran, name war  3 (c) Social Security Account No.  4. Sex  5. Color or race divorced. Hadower  6 (b) Name of husband or wife alitha M. Komer  6 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) Lec. 30th /869.  8. AGE: Years Months Days If less than one day  9. Birthplace Magnes Boro. Va.  (Town, county, and state)  10. Usual Occupation Flowy Miller  11. Industry or business	MEDICAL CERTIFICATION  20. DATE OF DEATH Feb. 10th 1951, at 8.30 PM  21. I certify that death occurred on the date above stated; that I attended deceased from NN.27 19.50, to Feb. 10 1951, and that I last saw have alive on Feb. 1951.  Immediate cause of death Duration  Deceared Arteus Releases 11/27/50  Due to Other Conditions.
12. Name Marion Nomes  13. Birthplace Waynes Boro. Va.  14. Maiden Name Julia Koiner  15. Birthplace  16 (a) Informant Prescilla Koiner  (b) Address 3609 Belvedere Cive.  (a) Burial (b) Date thereof Thele 1424/957  (Burial, cremation, or removal) (month) (day) (year)  (c) Cemetery or crematory Turning Lutheran Gens.  Location Cremovae Va.  18 (a) Funeral director Agg. C. A. Rohde.  (b) Address 2327 Edmandson Agg.	(Include pregnancy within 3 months of death)  Date of operation.  Major findings of operation:  of autopsy:  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence
19 (PER 1.3.1951 (b) Line (b) Registrar	Address 4873 Park Hughl A Date signed 2/12/5-1

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

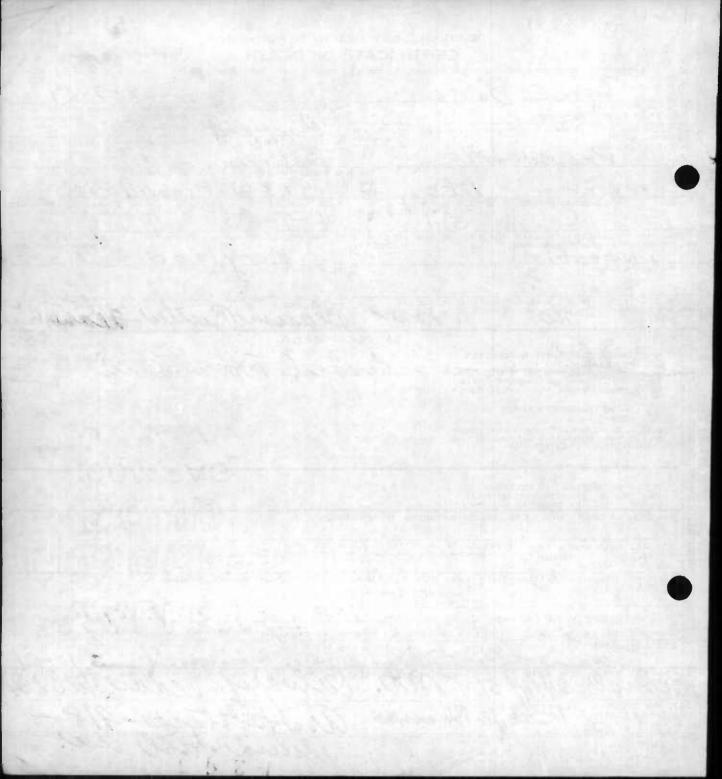
### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

	EALTH DEPARTMENT
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Cora E. Davis	2. DATE OF Z - Z - Z - Z
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location	Mary land
INSTITUTION Prayident	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If fural, give location)
e. Length of stay in Baltimore /ife Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH  4-9-83  9. AGE (In years of Under I Year of Hours Min.  Wonths: Days Hours Min.
10A. USUAL OCCUPATION (Givekiod of work doos during most of working life, eyen if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, rive, was or dates of service) SECURITY NO.	Blanch Butler- 200
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OF DEATH  Bull Thrombon
ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A, DATE OF OPERATION A 1 19B, MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH  10. TIME (Month) (Day) (Year) (Hour)  FINJURY  WHILE AT NOT WHILE AT WORK  AT WORK	
22. I hereby certify that I attended the deceased from	126-51, 19 , to 1 - 7 - 19 , hat I last saw the
	rred at Fi Mm., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 13-14 Division St 23c. DATE SIGNED
24A) BURTAL, EREMA- 248. DATE 246 NAME OF EMETE	ERY OR CREMATORY 24D COCATION (City, town, or covity) (States)
DATE RECEIVED BY REGISTRAS'S SIGNATURE	We attended - 918-
Body Removed fun His rules	plund Hill and to B



rupsicians. prease write the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT

BIR NO.	CERTIFICATI	E OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) NATHAN	MATTHE	EWS	2. DATE OF DEATH February 9, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (What is a state Maryland	nere deceased lived. If institution : residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or instinct HOSPITAL OR INSTITUTION 700 Druid Hill A	tution, give street address or location)		outside corporate limits, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (If re	aral, give location)
Length of stay in Baltimore	Mos. Days	700 Druid F	Hill Avenue
	DWED, DIVORCED (Specify)		9. AGE (in years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yee, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de  ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  I OTHER SIGNIFICANT CONDITIONS OF TRIBUTION TO THE DEATH, BUT NOT RELL TO THE DISEASE OR CONDITION CAUSING UNDERLYING TO THE DEATH, BUT NOT RELL TO THE DISEASE OR CONDITION CAUSING UNDERLYING COMPLEXICATION 198 MALICE	ease, ath.) OUE TO  (B)  VING THE DUE TO  (C)	sclerotic cardiova	scular disease
U 19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	ATION	20. AUTOPSY?
	LACE OF INJURY (e.g., in ac, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	in Baltimore City, give exact location)
OF INJURY m.	WHILE AT   NOT WHILE		Occorr
the evidence obtained by said Ar and death in my opinion resulted 23A. SIGNATURE  24A BURIAL, CREMA- 24B. BYE DATE RECEIVED BY LOCAL REGISTRAR  F B 1 31951  V S 151	topsy, Inspection or I from: natural causes	nguiry, find that said dec	spection or Inquiry leased died on the day stated above,  , homicide  , undetermined   .

عا ال	200	54	1352	PA	I TIMORI	CITY H	EALTH DEPA	DTMENT		54.	13.	52
		a 12		,			E OF DEA		Regist	ered No_		6
	IRTH NO.		853						0.047			
	NAME OF Type or Print)		D	EDNA	MAE	CARR			2. DATE OF DEATH	Februar	rv 10	1951
	PLACE OF			22211		021144	4. USUAL RES	IDENCE (Wh	ere deceased	ived. If insti-	tution : res	
	Baltimore			pital or institu	ution, give st	reet address o	A. STATE	aryland	B. COU	NIY	perore a	lamission
H	OSPITAL OR		2 2	0 1	TT - * J	location	C. CITT OR TO		utside corpora	te limits, wr		L and giv
. 14	FX -	Ma:	ryland	General	Hospit			altimore	/	1-0	1	
To la	anoth of	Store in	Daltimana		K	Yrs. Mos.	D. STREET, AD	06 Moore				
eg1b	Length of		OR OR RAC	E   7. SING	LE. MARRY	Days	8. DATE OF BI		9. AGE (ln y	ears If Under	1 Year   If U	Jader 24 Hour
and	Female	Co	lored	WIDO	WED DIVO	RCED (Specify	12-19-	1945	last birthd	ay) Months	Days Ho	urs Min
yorl worl	A. USUAL Q k done dell'ing mo	CCUPATI st of working	ON (Give kind ife, even if retir		OF BUS	INESS OR INDUSTR	11. BIRTHPLAC	E (State or fore	eign country)	12. U	WHAT CO	
0 13	FATHER'S	NAME	1 10	11 1 1 1			14 NOTHER'S	. 7/.	/E	4		
lea lea	5. WAS DECEA	MA		WWW	1 16, 500		mm	U you	wy		,	
	m, no on tink now	n) (If yes	, give war or d	ates of service)		URITY	CHANGE	Car	WA	- Nur	W.	t
200	18. F	716.	2			CAUSE	OF DEATH		U		INTERVAL	
223		ASE OR	CONDITIO	N DIRECTL	Y					100	ONSET AN	ND DEAT
auto	(This do	es not me	NG TO DI	EATH le of dying, e neans the dise	e. g., (A	, First	, second,	and third	d degree	e burns		************
925				caused dea		xxx of	95% of the	e body				
		ANTEC	EDENT CA	USES								
Z				, IF ANY, GIV	ING	·)	***************************************	******************	•••••••••	•••••	****************	
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ICA		-			(0	.,			•••••••••••			***************************************
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· Lul				JT NOT RELA ON CAUSING		1 2 2 2						
O	19A. DATE	OF OPER	NOITA	198. MAJO	R FINDING	GS OF OPE	RATION				20. AUT	OPSY?
CAL	21A. EXTE					NJURY (e.g.,			in Baltimore	City, give		
EDIC	UNDERLYI UTING [			Q- J	e, farm, factory. Home	street, office bldg.		Moore Sti	reet			
Σ	210. TIME	(Month)	(Day) (Ye	ar) (Hour)	21E. INJU	RY OCCURE	ED 21F. HOW I	OID INJURY	OCCUR?	C 4.75	Tory	
	reb.	/				NOT WHILE	X Clothe	es afire		On E .	-	
IIh	22. 1 cer	tify that	I took ch	arge of th	e remains	described	above, held an	Inspection	on & Inc	quiry th	ereon a	nd from
	and a	leath in	obtained l	by said Au on resulted	topsy, Ins from: na	peetion or tural cause	Inquiry, find the s [], accident	nat said dee	spection or I eased died , homicide	on the de	termined	$l \square$ .
		Ream		att			ASSISTANT	MEDICAL EX MEDICAL EX NVESTIGATOR	RR	Feb.		1951
7	BURIAL		24B. DATE	1/51	24c. NAM	OF GEMET	OR CREMATO	1	Sal	eon	mi	(State)
	ATE RECEIV		200	R'S SIGNA	Allians	d, H.B	25. EUNERAL	Jole	tad	1- AD	PRESS (	#/
V	S 151	V - 9	40.3		THE TAX OF	-	der	uid.	Hill	, a	ve.	181

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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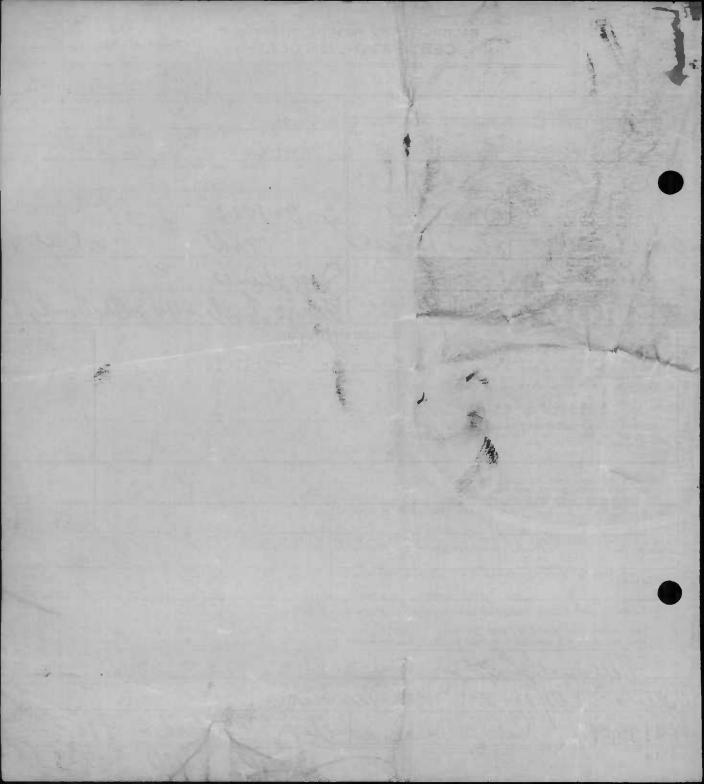
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PONERAL DIVISITOR		7 (	SIGNATU	I HARTEISEN	BANYRICHE A	1201

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1353

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH February 6, 1951 TULI. EVELYN 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Franklin Street gth of stay in Baltimore Days 6 COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months; Days (Hours: Min. female colored 10A USUAL OCCUPATION (Give kind of ork one during most of working life, year in etired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY U. S. EL NIRY MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yee, give yer andates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF 18 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Rheumatic myocarditis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ..... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YESXX EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes &, accident [], suicide [], homicide [], undetermined [] 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 23A. SIGNATURE 23c. DATE SIGNED MEDICAL INVESTIGATOR BUNIAL CREM NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE REGISTRAR'S SIGNATURE FUNERAL DATE RECEIVED BY 25.



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

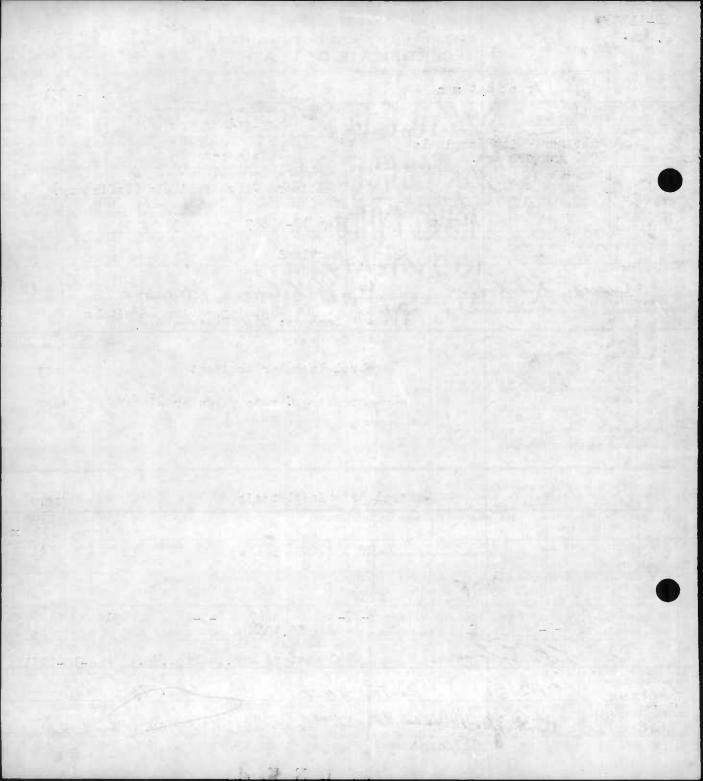
51. 1354

CERTIFICAT	TE OF DEATH Registered No.
BIRTH NO.	
(Type or Print) Albert Murrell Miller, S	r. 2. DATE OF DEATH February 10, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address	The second secon
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
1343 W. 41st Street	Baltimore /3-08 township)
e noth of stay in Baltimore Life Mos	
c. Hength of stay in Baltimore Life Day  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	3/13 W. L1St Street   8. DATE OF BIRTH   9. AGE (In years)   11 Under 24 Hours
Male White WIDOWED DIVORCED (Special Married	Jan. 20, 1890
10A. USUAL OCCUPATION (Give kind of tops of the control of the con	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Mechanic Auto. Repairs & Ti	res Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Miller	Manda Appleby
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No (11 yes, give war or dates of service) SECURITY NO. 213-03-6028	Mrs. Hattie M. Miller 1343 W. 41st Street
18. 180 X 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/ 1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	a Reality C Tyear
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Generalized Hotastasis
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
II III	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	PATION
	ERATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g. about home, farm, factory, street, office hilds	, in or   21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	[2012] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017]
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	10 -11 , 1950, to 30 - 10 , 195, that I last saw the
deceased alive on 2 - 18, 1951, and that death occ	urred at 7:45 fm., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMET	37/1 Fells Res 2-12-34
TION, REMOVAL (Specify)	
Burial   Feb. 13, 1951   Lorraine I	
LOGAL REGISTRAR	
We led	Burgee Funeral Home 3631 Falls Road
VS 150	Horace Fr. Durgee 500
	200

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one mad . Take to Make the land of the			

Bush burn Sec. Marchael

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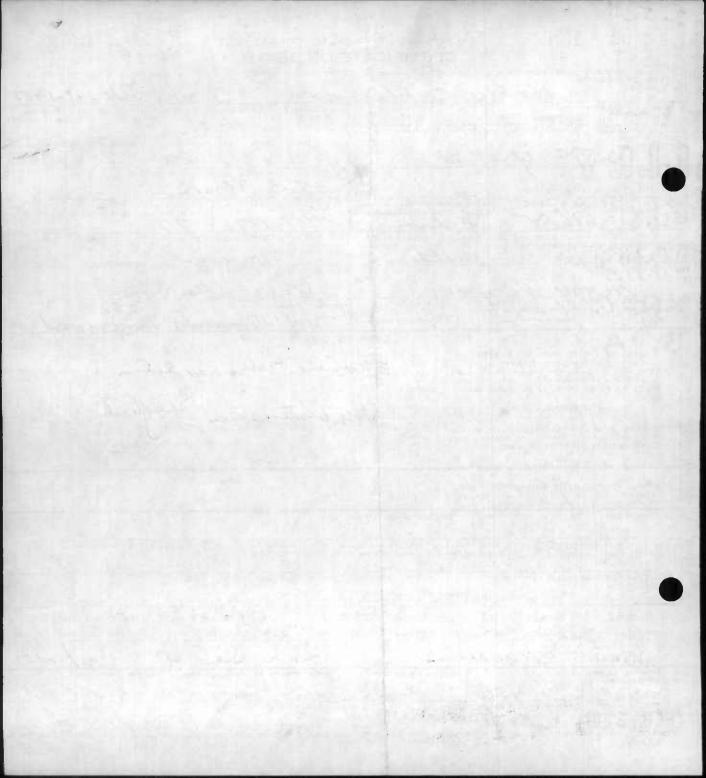
	U.i.	1.000		TIMORE CITY HE		TO 1 .	1 No		
1.	NAME OF Dype or Print)					2. DATE			
			W. SNYDI	ER		DEATH F C	b.11,1951		
Α.		City, Maryland			A. STATE	NCE (Where deceased lived, B. COUNTY	If institution; residence before admission)		
H	FULL NAME OSPITAL OR ISTITUTION			on, give street address or location)	c. CITY OR TOWN	X Maryland (If outside corporate lin	nits, write RURAL and give		
1	A	1714 W. Le	mmon St.		Baltimore	19-	0 township)		
c.	Length of s	tay in Baltimore		Yrs. Mos. Days		emmon St.			
	SEX	6. COLOR OR RACE	WIDOWI	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		Months Days Hours Min.		
	ale	White CUPATION (Give kind of	Marr:	OF BUSINESS OR	Apr.8,1894	ate or foreign country)	12. CITIZEN OF		
wor!	done during most	of working life, even if retired) nemployed)	U.S.Cu	INDUSTRY	Baltimore		WHAT COUNTRY?		
	FATHER'S				14. MOTHER'S MAI		1		
	Andrew	Snyder			Annie Hil	mer			
		ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT	T C 1 0004	ADDRESS		
	No			None	Frederick	H. Snyder, 2804			
	18. 44	/3× .		CAUSE	OF DEATH		ONSET AND DEATH		
	DISEA	SE OR CONDITION		Park	40000000	0 -	= 31101		
	(This does not mean the mode of dying, e.g., (A)						y a month		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
		ANTECEDENT CAUS	SES	P	10000 -	alie of	13/2 huma		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  Corplegia - obe Out to Output  Corplegia - obe Output  Corpleg						13/2000		
Ĕ	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	E DUE TO QUE	ethere	arteriosclari	tu		
S	ONDERL	TING CONDITION D	.51.	0.1	1, Wesen	al .			
TIF		11		(C)	.,, ., ., ., ., ., ., ., ., ., ., .,				
ERTIFICATION		GIGNIFICANT CONDE							
O		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?		
AL		0				YES			
EDICAL	21a. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., in rm,factory,street,office bldg.,e			y, give exact location)		
Σ	TIME	(Month) (Day) (Year)	(Hour)   2	1E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?			
	INJURY			HILE AT NOT WHILE					
- 19	22. I hereb	y certify that I att	ended the	deceased from O	tober , 1949	to Feb 11 , 19	51, that I last saw the		
	deceased a	live on Jan 4	, 19 <b>5/</b> . a	and that death occur	red atm.,	from the eauses and on	the date stated above.		
	23A. SIENA	TURE 4.	Cale	M. D.	4201 Walk	ien, ac	2/12/57		
24	4A. BURNAL, ON, REMOVAL (S	CREMA- 24B. DATE	2	4c. NAME OF CEMETE		240. LOCATION (City, to	wn, or county) (State)		
110	Burial	2/13.51		Loudon Park	10	Baltimore . Md	/		
D.	ATE RECEIVE		SSIGNATU	liams, Mar	25 FRANCIST	CHOR 12115	Toul of		
_	VS 150		4.50	35		100 (0)	025		
			Sag A	370 7			7-7		

51. 1357

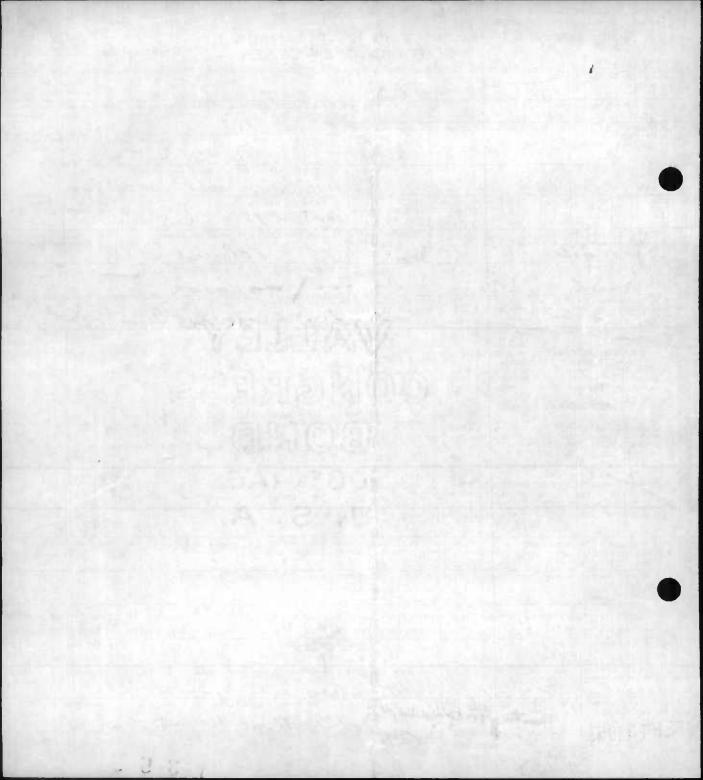
### BALTIMORE CITY HEALTH DEPARTMENT

51. 1357

BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) NEURY E. Wieg	2. DATE. OF OF DEATH DEV - 11-1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
35 E. York ST.	13alto 22-0 township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hour
Make White Willowed (Specify)	9/12/1873 last birthday) Months: Days Hours: Min
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY
Bricklayer Building	Jer-many
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	annie (Unknown)
Yes, no or unknown) (If yes, give wer or dates of service)  16. SOCIAL SECURITY NO.	MANFORMANT 2 SOURCES
18. 44 Y	OF DEATH
1777	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	marie 911e
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)	The your can delia
	5/2/1-0
Z (B)	y fertension Wofferely
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., e	
2D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from De	19 50, to 26 - 11, 19 51, that I last saw th
	red at - a.m., from the causes and on the date stated above
23A. SIGNATURE rauslin M.D. 2	3B. ADDRESS  17- W See AS  23C. DATE SIGNED  17-15-17
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY   240. LOCATION (City, town, or county) (State)
Burial 2/13/51 Ouk	Raum Justin Vor - Bulto Med.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
FEB 13 1951 Hundright / Mulama, Mark	14 ook Sue. 1217 St. Paul J
VS 150	020
	421



120						
51	1358	BAL	TIMORE CITY HI	EALTH DEPARTMENT	51	1358
BIRTH NO.		(	CERTIFICAT	E OF DEATH	Registered No.	2.37.73
1. NAME OF DEC (Type or Print)	CEASED MAR	24	NOVAK		2. DATE OF DEATH	9-51
3. PLACE OF DEA				4. USUAL RESIDENCE ()		titution: residence before admission)
B. FULL NAME OF	(If not in hospit	al or institution	on, give street address or location)			
INSTITUTION	Mur	Noc	<i>b</i> .	C. CITY OR TOWN (II	outside corporate limits	township)
c. Ingth of sta	y in Baltimore		Yrs. Mos. Days	-0	rural, give location) urt-Brook	lun
5. SEX 6	COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH		ter Year If Under 24 Hours ns: Days Hours Min.
104 USUAL OCCI	JPATION (Givekind of	SU de	10		651	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
work done during most of w	orking life, even if retired)	a a	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA				14. MOTHER'S MAIDEN N		
Dane	il Suc	die		Un Ku	own	
15. WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARMEE (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	17125 9 ADD	RESS KLY
18. 44	>- V		CAUSE	OF DEATH	205 tellegt c	INTERVAL BETWEEN
DISEASE	OR CONDITION	DIRECTLY	1	-9 .1 0.	1	ONSET AND DEATH
(This does n heart failure,	EADING TO DEAT of mean the mode of asthenia, etc. It mean complication which complication	f dying, e.g. ns the disease,		gestive Cordin	Tarne	
1A	NTECEDENT CAUS	ES	1/	1-1-0-		
Z DISEASES C	OR CONDITIONS, II	ANY, GIVING	(B)	much		
UNDERLYIN	ABOVE CAUSE (A)	STATING THE	(C)	one repretes, &	ephrosilerous	
<u> </u>	110					
	II NIFICANT CONDI O THE DEATH, BUT			Price in a L.	th.	
	OPERATION 1		FINDINGS OF OFER	PATION	~	Lao Mutopeya
OAL ON THE OF	O'ERATION?	SB. MAJOR	FINDINGS OF OPEN	ATION		YES NO
21A. ACCIDEN	NT WAS UNDER- CONTRIBUTING		CE OF INJURY (e. g., i rm,factory,street,officebldg.,		If in Baltimore City, give	exact location)
21D. TIME (M	onth) (Day) (Year)	(Hour)   2	TE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY			WORK NOT WHILE			
22. I hereby	certify that I att		leceased from 2		2 - 9 - 51, 19 ,	
23A. SIGNATU		., 19 a	nd that death occur	3B. ADDRESS •	he causes and on the	date stated above.
wil	Uhur N. 13	annam	м. р.	Thur A	osp	2 -10-51
24A. BURIAL, CRI		2.	4c. NAME OF CEMETE	RY OR GREMATORY 24D. L	OCATION (City, town, or	county) (State)
DATE RECEIVED	BY   REGISTRAR	5 SIGNATIVE	DT. JE	25. FUNERAL DIRECTOR	salto. Md	DDRESS
LOCAL REGISTRA		with!	Mianus, Mass	154 CALLETON	112 St D	2 . 7
1FR 1319		100	STORES OF THE STORES	- OFF (SUC. 1.	Jan. Fank	91.
V3 130 - V	1000	4.03.0			en en 19	1310
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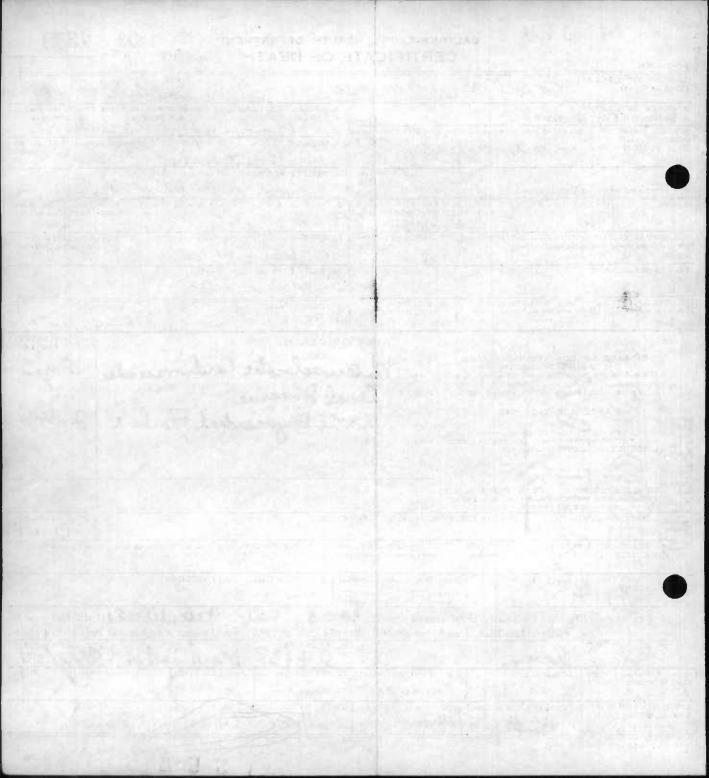


62 0 51. 1359

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1359 Registered No.

BI	RTH NO.							v .		
(T	NAME OF DECEA 'ype or Print)	IRA	CIAR	ENCE AR	960			OF Sel	2.10	.1951
Α.	PLACE OF DEATH Baltimore City, FULL NAME OF	Maryland	al or inetitut	ion, give street address	A	STATE	n. 1 .	B. COUNTY		n: residence efore admission)
H	OSPITAL OR	45 N.N.		locatio		CITY OR TOWN		tside corporate limi	ts, write R	township)
T				So -Yr		STREET ADDRE	SS (If rur	ral, give location)	1.10	
	Length of stay is	n Baltimore		Da:	8.	DATE OF BIRTH			H Under 1 Year	It Under 24 Hours
1	1 6	<b>U</b> .	W,I	ED, DIVORCED (Spec	ify)	1AY 29.	1865	last birthday) M	onths Day	Houre Min.
10	does during most of worki	TION (Give kind of ng life, even if retired)	B V O	OF BUSINESS OR INDUST		BIRTHPLACE (S	State or forei			IZEN OF AT COUNTRY?
13	FATHER'S NAME	1 1000			14	ARAH.	IDEN NAM	E		1000
15 (Ye	WAS DECEASED EVE	R IN U, S. ARMEI	FORCES?	16. SOCIAL	17	INFORMANT	5. 2.1		DDRESS	
(20	No	you, give war or days	s or service)	NONE NO	A	LBERT E.	ARGO	SIP. 745,	V.MIL,	TON AVE
ERTIFICATION	CTHIS does not interpretation of the August 10 of the Aug	CONDITION DING TO DEA mean the mode chenia, etc. It mes lication which ECEDENT CAUS CONDITIONS, I BOVE CAUSE (A) CONDITION L  II FICANT COND THE DEATH, BUT E OR CONDITION E OR CONDITION E OR CONDITION	TH  of dying, e. g  ins the diseas  caused death  BES  F ANY, GIVIN  STATING TH  AST.  ITIONS CON  NOT RELATE	(C)	ter ma ent	eselevoti l Disea ti Bryoc	e Cens	Talm		5 yrs:
AL C	19A. DATE OF OP			FINDINGS OF OP	ERATI	ON	Z III	Mark Service		AUTOPSY?
EDICAL	21A. ACCIDENT, S HOMICIDE (Sp	SUICIDE, ecify)		CE OF INJURY (e. g arm, factory, street, office bld		21c. WHERE D INJURY OCCU	ID (If i	n Baltimore City,	1	
Σ	D. TIME (Mont)	n) (Day) (Year)		VHILE AT NOT WHI	LE	21F. HOW DID	INJURY C	OCCUR?		
	22. I hereby cer deceased alive o	tifu that I att	ended the	deceased fromand that death occ	Tree			causes and on t		
	23 SIGNATURE	Roser		м. D.	23в.	24138	mon	tetrament	236	ATE SIGNED
TIS	AA. BURIAL, CREMA Dy. REMOVAL (Specify		951	Chineipio	-1		240, LOC.	ATION (City, town	, or equity	(State)
D	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR	SIGNATU	Miliams, M.M.	25	Noward	V a	9 320791	ADDRE MOH	10
	VS 150	,		The said	ė .5		1 3	5 8	1:	310



4360BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ARTHUR OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) SINAI HOSPITEL DUNDALK D. STREET ADDRESS (If rural, give location) Yrs. Mos. HOSPTE. 12 6844 DUNBAR ROAD ngth of stay in Baltimore hrsbays 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. MALE MARRIED 10/21/1902 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY LOCO . ENGINEER RAILROAD SPARROWS POINT. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN HANNA ELIZABETH MCBRIDE 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16, SOCIAL 17. INFORMANT (Yes, no or unknown) NO LEONA HANNA, 6844 DUNBAR RD. INTERVAL BETWEEN 470.0 CAUSE OF DEATH ONSET AND DEATH /adas DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (B) Ac. myocardial rufaeret 12 hrs. ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING A knoschercie ht-disease RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS DICAL 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE nded the deceased from 2-1, 1951, to 2-11, 1951, that I last saw the 1951, and that death occurred at 256 m., from the causes and on the date stated above. 2-11 22. I hereby certify that I attended the deceased from.

23A, SIGNATURE

23B. ADDRESS

23c. DATE SIGNED

24A. BURIAL. CREMA-TION, REMOVAL (Specify)

MORELAND MEM. PARK

24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

BURIAL DATE RECEIVED BY LOCAL REGISTRAR

deceased alive of

MENAL DIRECTOR

BALTO .? MD

ADDRESS

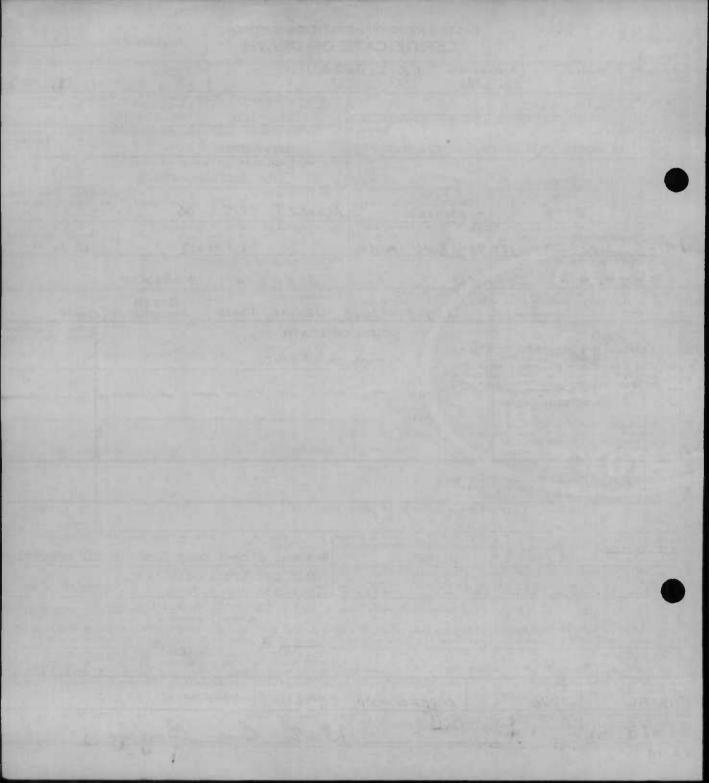
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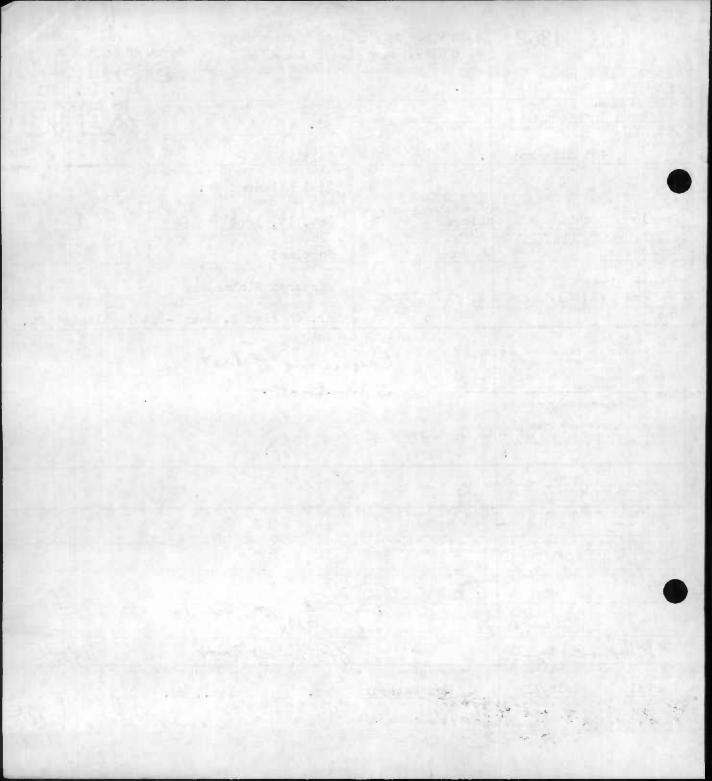
4	16	4001				4			
1	1651	1361		TIMORE CITY HI			Registered	No. 13	61
	IRTH NO.		-1						
	NAME OF Daype or Print)	DECEASED	ANGELINA ANGELINA	DEL LABI	ERIA			ruary 1	
	Baltimore	City, Maryland			4. USUAL RESID	ENCE (Wh	B. COUNTY	befor	residence re admission)
В.	FULL NAME OSPITAL OR		spital or instituti	on, give street address or location)			Baltimor		
	NSTITUTION	South Bal	timore Ger	neral Hospital	C. CITT OR TOWN	downe	utside corporate lim	its, write RUI	township)
				Yrs.	o. STREET ADDR		ral, give location)	1000	
		stay in Baltimor		Mos. Days	11		n Avenue	5300	
5	Female	6. COLOR OR RA	WIDOW	MARRIED. ED, DIVORCED (Specify) RRIED	MARCH 8,	1914	9. AGE (In years last birthday) M	If Under 1 Year Aonths: Days	H Under 24 Hours Hours Min.
wor	k done during most	CUPATION (Give ki of working life, oven if ret	ired)	OF BUSINESS OR	11. BIRTHPLACE (				COUNTRY
-	ATHE	NAME	TISTON	KING MFGR.	14. MOTHER'S MA	1TA		1 0.2	S, A.
		TIMIO	TOP ATU		ALBAR		MORLACO		
1!		ED EVER IN U. S. AT	RMED FORCES?	16. SOCIAL	17. INFORMANT	<i>3</i> <del>4</del>		ADDRESS	
(1.	- HO OF BIRKHOWN,	(11 year give war or		257-814-044	6 JENNE	FOLIO -	DOXXO		0
	18. 7 8	16.1.		CAUSE	OF DEATH				AL BETWEEN
	DISEA	SE OR CONDITIE		77	0 1 77			ONDE	AND DEATH
	(This doe heart fail	es not mean the moure, asthenia, etc. It	ode of dying, e. g	(A)	ure of skull	•••••	***************************************		
		complication whi							
		ANTECEDENT C	AUSES	<u></u>					
ZO		S OR CONDITION			***************************************		************************************	***************************************	
ATI		YING CONDITION		(C)	•••••	***************************************	109 88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		***************************************
FIC		11							
ERTIFICATION	TRIBUTIN	SIGNIFICANT CO	BUT NOT RELATE	0					
CE		DISEASE OR CONO!" OF OPERATION	The second second second second	FINDINGS OF OPER	PATION				UTOPSY?
Ļ	107. 57.12	or or enamed	100.11110011					YES	No X
EDICAL	21A. EXTER UNDERLYIN	NAL CAUSE WAS		CE OF INJURY (e. g., i	n or 21c. WHERE D		in Baltimore City,	give exact lo	ocation)
	UTING [	CAUSE OF DEA	тн.	Street			near Hanove	r St. D	rawbridg
Σ	F INJURY Feb.	(Month) (Day) (Y		VHILE AT NOT WHILE WORK AT WORK	Auto and		Collision in	+miole 3	23/3
				remains described of			assenger in		
						Autopsy, In	spection or Inquiry	7	
1	and de	eath in my opin	ion resulted f	psy, Inspection or I rom: natural cause	inquiry, find that $\square$ , accident $\square$ .	suicide [	], homieide [],	undetermin	ned [].
	23A. SIGNA	TURE Sulley 16.	Dune	eller M	ASSISTANT MEDICAL INV	EDICAL EX	AMINER	eb. 12,	1951
	4A. BURIAL.		E / 2	4c. NAME OF CEMETE	RY OR CREMATORY	240. LO	CATION (City, town	n, or county)	(State)
	URIAL	2/16	, /5/	GREEN WOOD	CEMETERY		DALE, O.	H10	
14	ATE RECEIVE		AR'S SIGNATU	BE Mellians, M.	25. FUNERAL DIR	ECTOR	A 10	ADDRESS	

DATE RECEIVED BY LEED 131951 V S 151

ADDRESS



>	500						4000	
		51 1362	BAI	LTIMORE CITY HE	EALTH DEPARTMENT		51. 1362	
В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	No	
	NAME OF D Type or Print)	ECEASED MAR	GARET R	. SWAN		2. DATE OF DEATH FO	b. 12, 1951	
Α.		City, Maryland			4. USUAL RESIDENCE (W A. STATE Md		f institution : residence before admission)	
H	OSPITAL OR	OF (If not in hospital	al or institut	ion, give street address or location)		outside corporate limi	its, write RURAL and give	
0	STITOTION	2401 Ellamont	st.		Baltimore	15-5	37 township)	
d	ngth of s	tav in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If r 2401 Ellamont S		•	
5.	SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours onths: Days   Hours: Min.	
	female	white	wido		Oct. 17, 1894	56	onths Days Hours Min.	
TO WOT	k done during most of	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY	
10	Housewif		At H	ome	Scotland			
1.5	James L				14. MOTHER'S MAIDEN NA			
15		ED EVER IN U. S. ARMED	FORCES7	16. SOCIAL	Margaret Richar			
(Ye	no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Mr. Charles M.		ADDRESS Ellement Ct	
	18. 18	/X 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO C Meta-tes-							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)							
	Injury of	ANTECEDENT CAUS		DUE TO C Y	refaites -		,	
Z	D. C. C. C.			(B)	lu	rethra	)	
OF	RISE TO T	S OR CONDITIONS, IN HE ABOVE CAUSE (A) VING CONDITION LA	STATING TH	E DUE TO		Harris San		
CA	ONDERLI	ING CONDITION EX	51.	(C)		•••••		
RTIFICATION		11						
Ш	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D			New Teller	
U.		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?	
AL			-				YES NO	
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in srm,fsctory,street,office bldg.,e		in Baltimore City,	give exact location)	
Σ	21D. TIME (	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?		
	MJOKI		m.	WHILE AT NOT WHILE				
	22. I hereb	y eertify that I att	ended the	deceased from Dec	- 12 1950/to ge	e-12,18/	, that I last saw the	
Н	deceased al	ive on tel-	, 1957	and that death occur	red at J m., from th		the date stated above.	
	234 9IGNAT	Parengal	2		38 ADDRESS Wester	$\rightarrow$	239 DATE SIGNED	
	4A. BURIAL, C		7	M. D.   24c. NAME of CEMETE	<u> </u>	CATION (City, town	n, or dounty) (State)	
	Burial	2/15/51		New Cathedra	1 Cem. Bakto	Md .		
	FFR 1 3		SIGNATU		25 FUNERAL DIRECTOR	lener Vs	ADDRESS Batto	
-	VS 150	0 1.00		The state of the s	1		- ma.	
1	m. P.	Dylrly)	1 9	5 100			520	



DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

20 AUTOPSY

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

NOT WHILE WHILE AT

WORK

22. I hereby certify that I attended the deceased from July

deceased alive on . 10 , 1951 and that death occurred at/ 23A. SIGNATURE 23B. ADDRESS

21F. HOW DID INJURY OCCUR?

. 1957, that I last saw the m!, from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA 24B. DATE 24c. NAME of CEMETERY OR CREMATORY Burial

24D. LOCATION (City, town, or county) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

Loudon Park Com.

25 FUNERAL DIRECTO

ADDRES'S

VS 150

RTIFICATION

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A STATE OF A STATE OF 
1363 BALTIMORE CITY HEALTH DEPARTMENT 1364 CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Margaret R. Mullican DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MZYYIZNO Balto HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Univ- Hosp Balta D. STREET ADDRESS (If rural, give location) Yrs. ength of stay in Baltimore 3016 Edmonson Ave Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED AGE (In years) If Under | Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Mar. 17, 1875 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewise At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeremish Kleinselter Jane Anderson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. Mr. Clarence M. Mullican - 3016 Edmondson CAUSE OF DEATH 4.50.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pnermonitis turemiz with (This does not mean the mode of dying, e.g., W103 heart failure, asthenia, etc. It means the disease, Czydize fzilure injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclevosis, Auricular Fibrillatini RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Renal Factore 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CEI TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH

2 IF. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE! WORK

AT WORK

195/ to

22. I hereby certify that I attended the deceased from. deceased alive on 2-12, 1951, and that death occurred at 4-Am., from the causes and on the date stated above.

. 19 5/, that I last saw the 23c. DATE SIGNED

23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

240. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24B, DATE 2/15/51

Burial

New Cathedral Com.

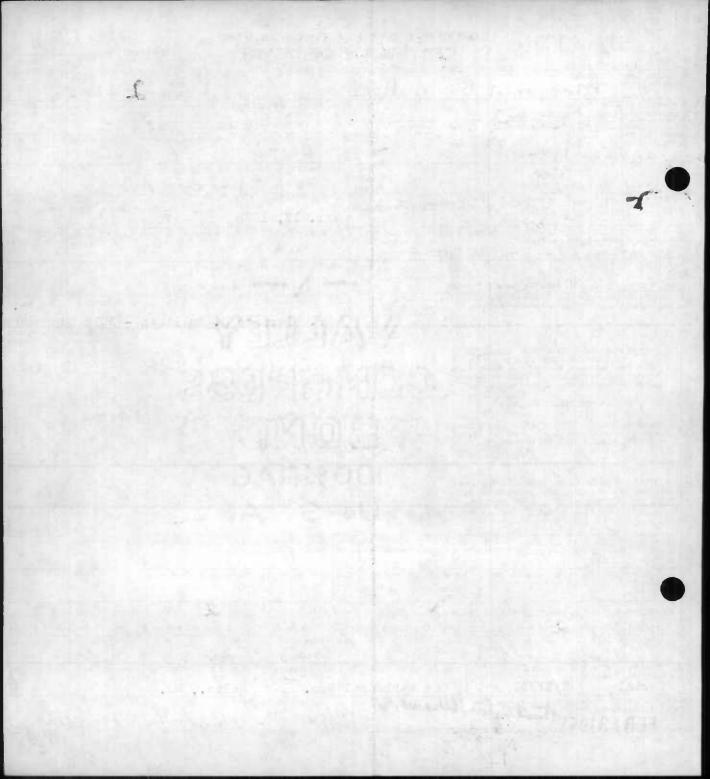
Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRARIS SI

25. FUNERAL DIRECTOR ADDRESS when

VS 150

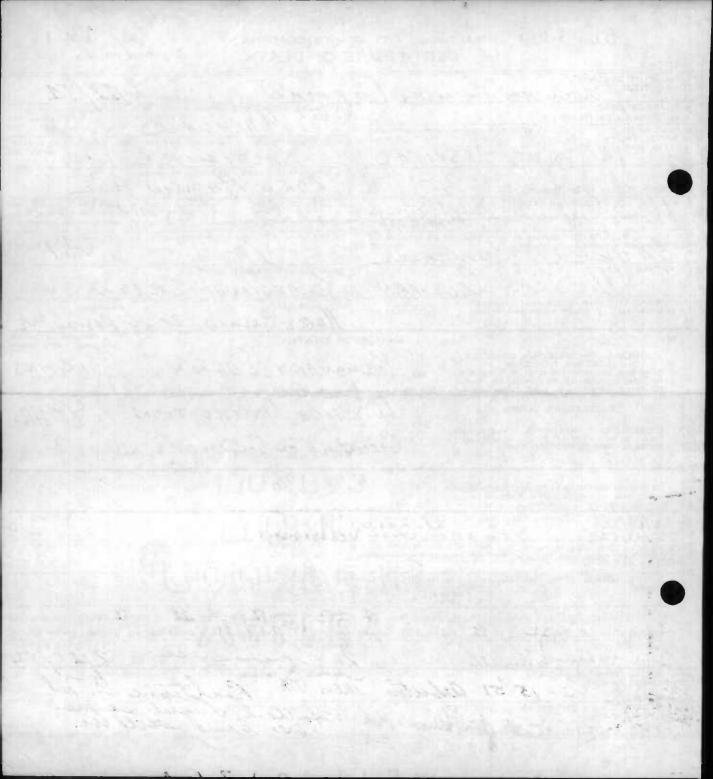


51. 1.365

### BALTIMORE CITY HEALTH DEPARTMENT

51. 1.365

BIRTH	NO.	,		CERTIFICATI	E OF DEATH	Registered .	2-11-51
	ME OF DEC	WICCIA	M EN	IMETT (NI	EMAN	2. DATE OF DEATH	12/51
	timore Cit	тн: y, Maryland			4. USUAL RESIDENCE (V		institution : residence before admission)
HOSPI	L NAME OF	(If not in hosp	ital or institut	tion, give street address or location)	c. CITY OR TOWN (If	f outside corporate limi	ts, write RURAL and give
INSTIT	TUTION /	OVIDENT	r (to	SPITAC	//	MORE	14-0-3 (winship)
Qen en	igth of sta	y in Baltimore		30 Yrs Mos.	2026 M	gural, give location)  40158W A	AVE
5. SE	6	COLOR OR RACE	7. SINGL WIDOV	E. MARRIED, VED DIVORCED (Specify)	8. DATE OF BIRTH		ff Under I Year If Under 24 Hours on the Days Hours Min.
Vork dope	SUAL OCCU	JPATION (Give kind of orking life, even if retired	D P	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CHIZEN OF WHAT COUNTRY?
13. FA	THER'S NA	ME		?	14. MOTHER'S MAIDEN N		
IS WA	S DECEASED	EVER IN U. S. ARMI	2 W	CEMAN	GEONGIANN	14 GRES	N
(Yes, no o	or ookoowo)	(If yes, give war or dat		16, SOCIAL SECURITY NO.	MABLE COLEMA	7	MADION AVE
18.	1001			CAUSE	OF DEATH		ONSET AND DEATH
	(This does n	OR CONDITION EADING TO DEA of mean the mode asthenia, etc. It me	ATH of dying, e.	B. (A) KULA	LONARY LOS	in A	12 HRS
		mplication which			OST OPERAT	IVE	
z	Al	NTECEDENT CAU	SES	+NTE	STINAL OBSTA	CCTION	48 HRS
E   F	RISE TO THE	R CONDITIONS,	STATING TI	HE OUE TO		$\mathcal{O}$	, 7
	ONDERLIT	G CONDITION L	ASI.	(c) CAREI	LONG 4 OF SIGH	ord Color	
		II NIFICANT CONE O THE DEATH, BUT			100000		
0	TO THE DISE	ASE OR CONDITIO	N CAUSING I	Т			
AL IS	2/20/51			FINDINGS OF OPER			20. AUTOPSY?
H LY	A. ACCIDEN	T WAS UNDER-	218. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID (	If in Baltimore City,	give exact location)
Σ	TIME (M	onth) (Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	YAULNI		m.	WHILE AT NOT WHILE			
22.	I hereby	certify that I at	tended the	deceased from 1	17 , 19 12, to	2/11 , 19/	4, that I last saw the
					red at // 45 pm., from t	he causes and on t	
13	SIGNATU	Dan 1 / 5/	ureden	M. D.	38. ADDRESS 243 Madera	· Ule	2 LAC/SI
TION, RI	BURIAL, CRI EMOVAL (Spe	MA. V24B. DATE	-51	achutus /	Nem PE. B	OCATION (City, town	or county) (State)
LOCAL	RECEIVED REGISTRA	R A-	S SIGNATU	Williams, Mall	25. FUNERAL DIRECTOR	Suntal of	are.
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		ه مادی	The second	450	73		46E



414 ROLANDO	LETTE LOC
51 1350 BALTIMORE CITY HE	
BIRTH NO. CERTIFICATE	E OF DEATH Registered No.
1. NAME OF DECEASED TOTAL Balfuld	2. DATE 2/10/5/ DEATH 2/10/5/
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give atreet address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
29 Unullily bester a.	13acto- 11-04 township)
c. Bength of stay in Baltimore  Yra. Mos. Days	D. STREET ADDRESS (If rural, give location) Ool PHINT
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under 1 Year Montha Days Hours Min.
work done during most of working life even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert.	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease,	iditie abstitus & Horhis
injury or complication which caused death.) DUE TO	RA
Z ANTECEDENT CAUSES	meny - Julnionary
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Pena.
(c)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
2 IA. ACCIDENT WAS UNDER.   218, PLACE OF INJURY (6, g., in	nor 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY	ED 21F. HOW DID INJURY OCCUR?
m.   WORK   AT WORK	7/-1 10 2/10/-/ 10 11 11
deceased alive on 10/51, 19, and that death occur	3/51, 19, to 2/10/51, 19, that I last saw the red at 2:30 m., from the causes and on the date stated above.
	United Bolish Bet W 23c. HATE/SIGNED
TION REMOVAL (Specify)	
tet. 15/51 Mis (1)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Sults Md 25. FUNERAL DIRECTOR DERESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE	burn Balto Md

recard.

100.L .LU	BALTIMORE CITY HE	ALTH DEBARTMENT	Ul	1.007
			Registered N	
BIRTH NO.	CERTIFICATE	OF DEATH	Att & Istered It	
1. NAME OF ECEASED (Type or Print)	mickous		OF DEATH Jeh.	7-1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland 4		A. USUAL RESIDENCE	Where deceased lived. If	hstitution residence before admission)
B. FULL NAME OF (If not in hospital of HOSPITAL OR INSTITUTION	or institution, give street address or location)	C. CITY OR TOWN (II	f outside corporate lim ts	, write RURAL aya give
6-0		Bally	mare /	8 milyship)
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	12/24
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH		Under I Year II Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	18. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  Richard Mic	A COMIT	14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U.S. ARMED F Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau	dying, e. g., the disease,	OF DEATH	of Rectu	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CALICE	c			

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .... DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

> (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

about bome, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21B. PLACE OF INJURY (e. g., in or

21F. HOW DID INJURY OCCUR?

TIME (Month) (Day) (Year) (Hour) NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from te deceased alive on

19 L. and that death occurred at. 234. STONATURE

that I last saw the Th. from the causes and on the date stated above. 23c. DATE SIGNED

20. AUTOPSY?

24A. BURIAL, CREMA TION, REMOVAL (Specify

25. FUNERAL DIRECTOR

miler ADDRESS

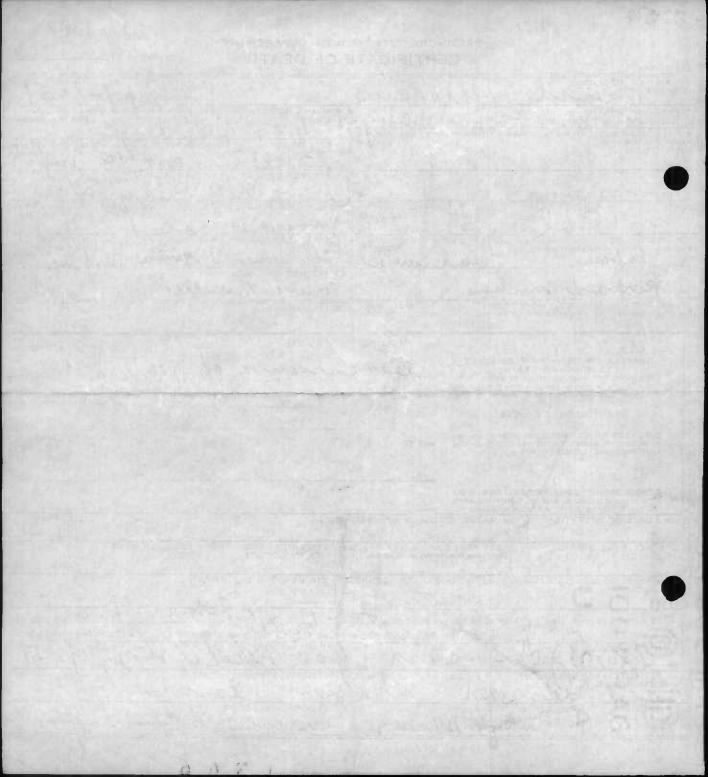
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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CERTIFICATION

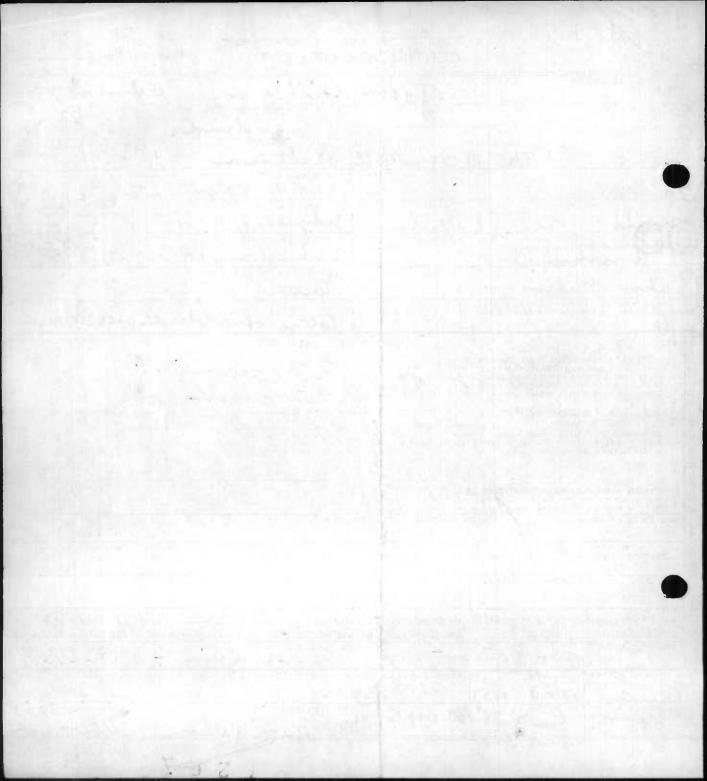
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

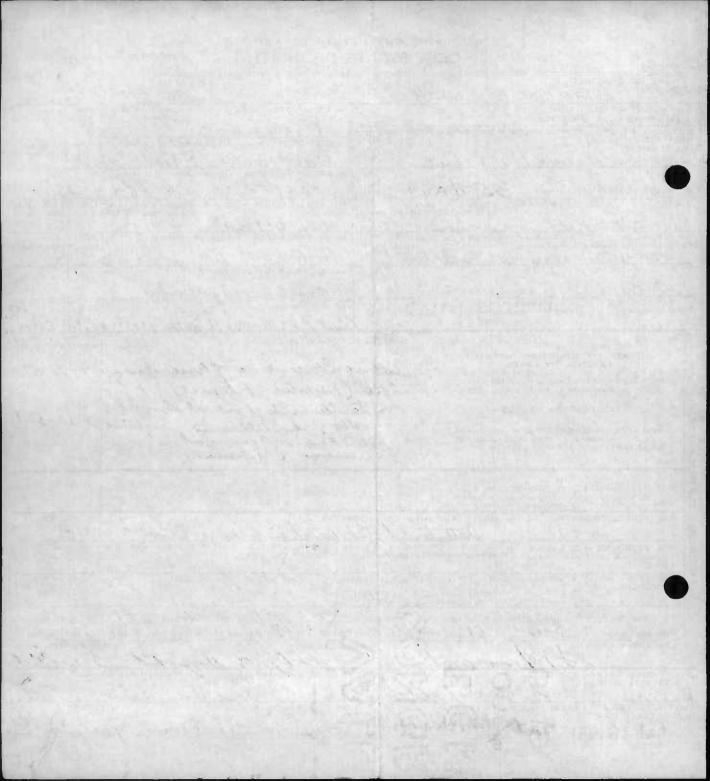
51 1368 Registered No.

BIRTH NO.	OLIVIII TOATE	OI BEATTI		
1. NAME OF DECEASED (Type or Print)	elle Tyson.	Itilliams	OF Jelma	my 8, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W)	here deceased lived. If insti-	tution : residence before admission)
B. FULL NAME OF (If not in hospital or institute HOSPITAL OR INSTITUTION	ion, give street address or location)	C. CITY OR TOWN (If o	outside corporate limits, wr	
860 W.		Battimore	18-0	township
c. Length of stay in Baltimore	Yrs. Mos. Days	860 W day	ural, give location)	
	E, MARRIED, /ED, DIVORCED (Specify)	July 28, 1910	9. AGE (In years     Under last birthday)   Months	Days Hours Min.
10A USUAL OCCUPATION (Give kind of work done during most of working) (e, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Bachinghan,	n.c. y	, b.a.
Calvin Griffin.		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. NFORMANT	Abdauchter ADDR	ESS OW Forutte
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease in jury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	g., (A) MCI se, 1.) DUE TO LYJ (B)			INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CO				
TO THE DISEASE OR CONDITION CAUSING		ATION		20. AUTOPSY?
NA N				YES NO
П HOMICIDE (Specify) about home,	ACE OF INJURY (e. g., in farm,factory,street,office bldg.,et	or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	D 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the	deceased from and	red at 5 A m. from th	e causes and on the de	at I last saw the
23A. SIGNATURE John & Hew	1 23	BB. ADDRESS	1 0 , 23	PALE SIGNED
24A. BURIAL, CREMA 24B. DATE TION REMOVAL (Specify)	mt, Cur		CATION (City, town, or ec	
DATE RECEIVED BY REGISTRAR'S SIGNAT	Mians, M. 7	25. FUNERAL DIRECTOR	liame Les	wederst
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## BALTIMORE CITY HEALTH DEPARTMENT

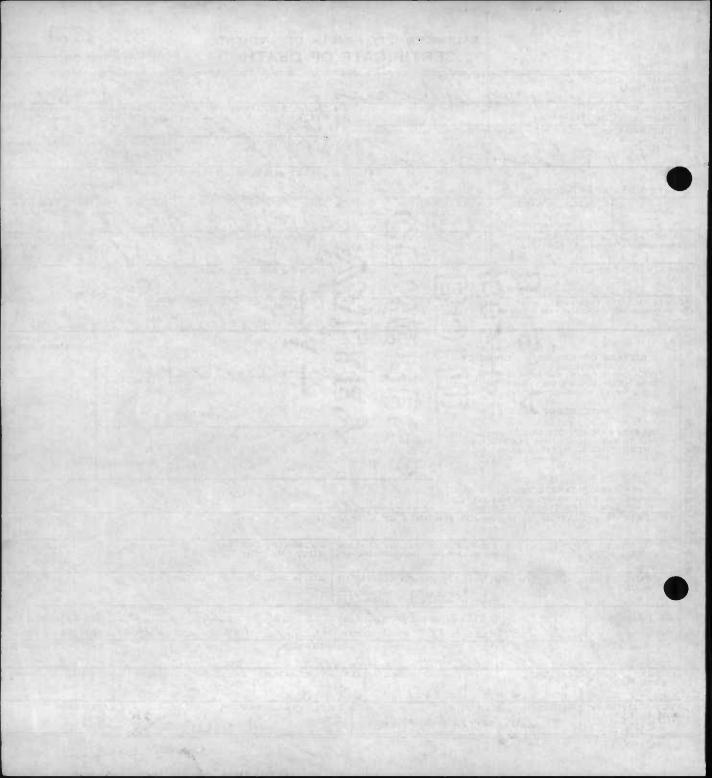
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED	
(Type or Print) JAMES E. SMITH	2. DATE. OF 2/12/5-1
3, PLACE OF DEATH:	DEATH  4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. Baltimore City, Maryland	A. STATE  B. COUNTY (Where deceased lived, if institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL ind give
10 St. Agnes Hospital	A TOMORE THE RELIGIOUS TOMOSHIP)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 35 days Days	1303 FREDERICK Rd #285300
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   It Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
MALE WHITE widowed	12/10/1864 86
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Work done during most of working life, even if retired)	11. BIRTHPLACE (State of foreign country)   12. CITIZEN OF WHAT COUNTRY?
MetiReD-30 yrs Wholesale Candy	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DO Berton 11 Smith	Secure Transcas
DR. BENDAMIN L. SMITH  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	TRANCES TRAVERS
(Yes, no or unknown) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS Me
UNKNOWO	Lieut. Col. Wm. S. Smith 1303 Fred. Rd. Catons
18. / 53 X , CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	o. Caremone glasending 1-7-51
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO COLOR	(Hypatii - Flenne);
ANTECEDENT CAUSES	artasis to regional lympl
Z (B)	des Chelethersis Congestre 2-12-5
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO LACOUNTY OF THE DUE TO LACOU	to the contraction of the contra
UNDERLYING CONDITION LAST.	A Failure; Terminal
(c) of nec	mone & Whene
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	RATION:
	1 + + . / 1 1 1 1 1 1
21a, ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (e.g.,	in or   21C. WHERE DID (In Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in Lying OR CONTRIBUTING about bome, farm, factory, etreet, office bldg.,	
CAUSE OF DEATH	
P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT WHILE	
m.   WORK   AT WORK	
22. I hereby certify that I attended the deceased from	-7, 195/, to 2 - 12, 195/, that I last saw the
	rred at 5:30Pm., from the eauses and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
JADronsh M.D.	186ms Howard 2-12-5/
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMANORY 24D. LOCATION (City, town, or county) (State)
BUKIAL 2-14-1951 Loudon P	tal are Both mil
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	000000000000000000000000000000000000000
FER 1 310 E1 Please of 1 Marine, miles	John V. Mitchell Toms 1900 Cutaw Pl
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# A COALES BALTIMORE CITY HEALTH DEPARTMENT

B	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No	)
	NAME OF DECEASED	W C -	4	Lo DATE	
	Type or Print)	A Conle		2. DATE OF DEATH	5 - (-)
	PLACE OF DEATH:	1	4. USUAL RESIDENCE	(Where deceased lived. If in	
-	Baltimore City, Maryland FULL NAME OF (If not in hospital or insti	tution, give street address or	A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	location)		If outside corporate limits,	write RURAL and give
0	ISTITUTION 19 Clift	n ave	Chulk	my	township)
		O Yrs.	D. STREET ADDRESS	If rural, give location)	A. Allegania
	Length of stay in Baltimore	Mos. Days	1909 Cly	Man 1909	CLIFTON NE
5.		LE. MARRIED. OWED, DIVORCED (Specify)	8. DATE OF BIRTH		nder 1 Year   If Under 24 Hours
		W	5 18 187	8 12	
worl	DA. USUAL OCCUPATION (Give kind of lob. KI kdone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or	foreign country)	2. CITIZEN OF WHAT SOUNTRY
	Dress make		Balto	·ma	W.S.A
13	B. FATHER'S NAME	SCLE	14. MOTHER'S MAIDEN	NAME	10
-	James Cepha	2	march	a for	an 1
(X)	WAS DECEASED EVER IN U. S. ARMED FORCES: (If yee, give war of dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS ANY
_	nul	1 md	Bosha	Que en 19	19 Clifton
	18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTE	Y /	A	1	ONSE! AND DEATH
	(This does not mean the mode of dying,	es lange	1 am /he	unen	
	heart failure, asthenia, etc. It means the dis injury or complication which caused de	ease,			
		itin.) DOE 10			
z	ANTECEDENT CAUSES				
Ö	DISEASES OR CONDITIONS, IF ANY, GI	(B)	***************************************	**************************************	
AT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			
ERTIFICATIO					
TF	II .	(C)			
E.R.	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT REL.				
ΰ	TO THE DISEASE OR CONDITION CAUSING	IT			
7	19a. DATE OF OPERATION 0 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	21A. ACCIDENT, SUICIDE, 21B, F	LACE OF INJURY (e. g., in	or 21c. WHERE DID	Alf in Balainana Cian air	YES NO
1EDICAL		ne, farm, factory, street, office bldg., e		(If in Baltimore City, giv	e exact location)
Σ	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID INJU	RY OCCUR?	
L	F INJURY m.	WHILE AT NOT WHILE			
- 17	22. I hereby certify that I attended th	e deceased from	2 15%, to	2/11 193%	that I last saw the
		. and that death occur	7 ^'//	the causes and on the	
	23A. SIGNATUR		3B. ADDRESS		23c. DATE SIGNED
	THE KILL	111 M.D.	1)36 4)	1 Kel 9	2/19 51,
	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY   240.	LOCATION City, town, or	r county) (State)
12	2 13 57	mt Ca	lvan	md	
D	ATE RECEIVED BY   REGISTRAR'S SIGNA	TNPS:	25. FUNERAL DIRECTOR	3. 0	ADDRESS
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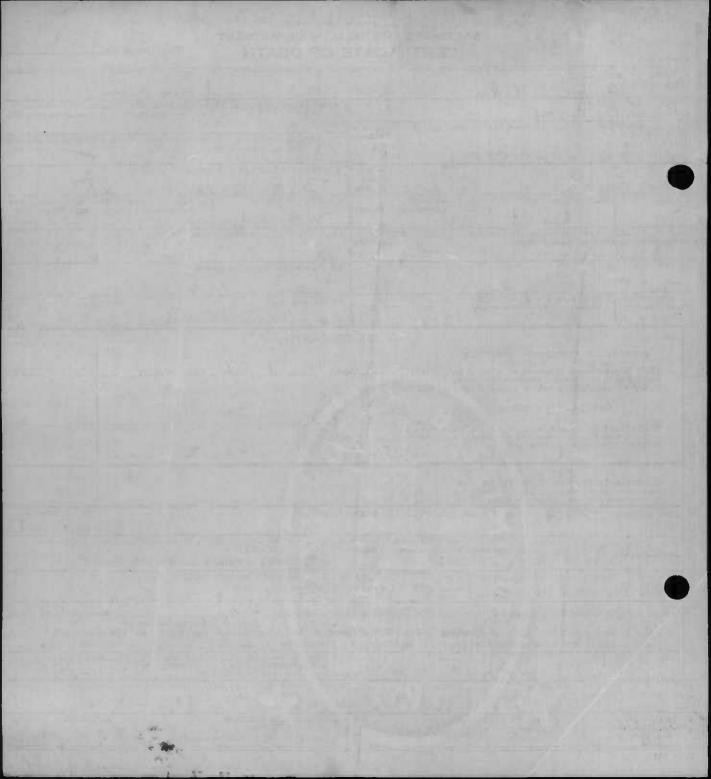
	03. 1.012.	ВА		EALTH DEPARTMENT		
В	IRTH NO.		CERTIFICAT	E OF DEATH	Registered No	
	NAME OF DECEASED	20	Toud		2. DATE OF DEATH	9/37
	PLACE OF DEATH: Baltimore City, Maryland	V (C)		4. USUAL RESIDENCE (		stitution: residence before admission)
	FULL NAME OF (If not in he OSPITAL OR	spital or institu	tion, give street address or location)		If outside corporate limits,	unito PIIDAI and aire
11	1821 bettle 6	Jalsh	lt.	Balta	14-0	3 township)
C	Length of stay in Baltimor	e	Yrs. Mos. Days	D. STREET ADDRESS H	f rural, give location)	et.
5	. SEX 6. COLOR OR RA		E. MARRIED. NED, DIVORCED (Specify)	8. DATE OF BIRTH		der 1 Year   If Under 24 Hours hs: Days   Hours   Min.
	Sm C		m	8 2 1893	53	
wor	DA. USUAL OCCUPATION (Give kink done during most of working life, even If ret	ired) IOB, KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	WHAT COUNTRY?
13	3. FATHER'S NAME		Sen.	M. MOTHER'S MAIDEN	3 mal	4.5.4
		11 (88)		1	A	1
15	5. WAS DECEASED EVER IN U. S. AF	MED FORCES?	16. SOCIAL	17. INFORMANT	ADDE	DRESS 1 1. TH
(1.	(If yes, give war or	dates of service)	SECURITY NO.	Dueen -	Shand ul	1821 tille
	18. 422,2 as	rd 011	× CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION		DI TT 01 1	· D -	+ 0/-1.	
	(This does not mean the monheart failure, asthenia, etc. It	de of dving, e.	g., Pt (A) /WW	escular loc	tag tistulo	
	injury or complication which	h caused deat	h.) DUE TO	0		
7	ANTECEDENT C	AUSES	Part II	Kining Far	titos	N. Alabasa
ERTIFICATION	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE	S, IF ANY, GIVE	NG HE OUE TO			••
A	UNDERLYING CONDITION	LAST.	1	Chronic my	ocarditis	
Ĭ.			I	Severe cardiac c	ondition	(over)
L'A	OTHER SIGNIFICANT CO					
Ü	TO THE DISEASE OR CONDI-	TION CAUSING		ATION		L 20 AUTODOVA
AL	ISA. DATE OF OPERATION	ISB. MAJOR	FINDINGS OF OFER	KATION		20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		(If in Baltimore City, giv	e exact location)
Σ	ID. TIME (Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		RY OCCUR?	
		m.	WORK AT WORK		10	
	22. I hereby certify that I			5 — ,1957, to 3		
	deceased alive on 2-9	, 1957,		23B. ADDRESS		23c. DATE SIGNED
	10m	14/2	Mica M.D.	1133 N. Man	rvesa	2-12-51
71	AA. BURIAL, CREMA- 24B. PAT ON REMOVAL (Specify)	3/51	Z4C NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or	county) (State)
10-	ATE RECEIVED BY REGISTR	AR'S SIGNATI	URE	25. FUNERAL DIRECTOR	O. A	DDRESS
	FEB 1 3 1951	the store	Villianish, High	Beo. H. Ke	elson	-216
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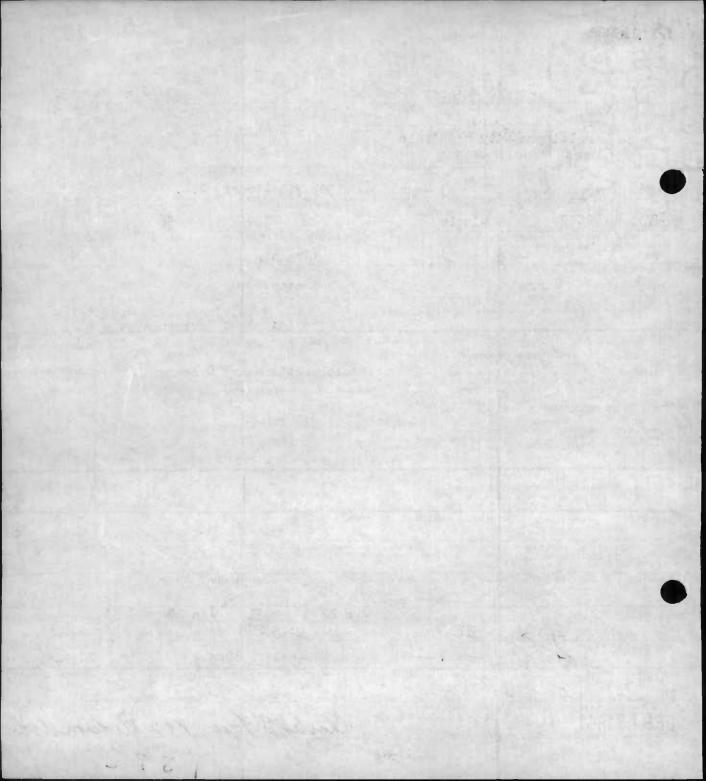
See Document File 51-1371 for Memo from Dr. Silverman, Director Tuberculosis Bureau, B.C.H.D. 3/9/51 ES

also letter from Dr. Wm. R. Boykin 3/13/51

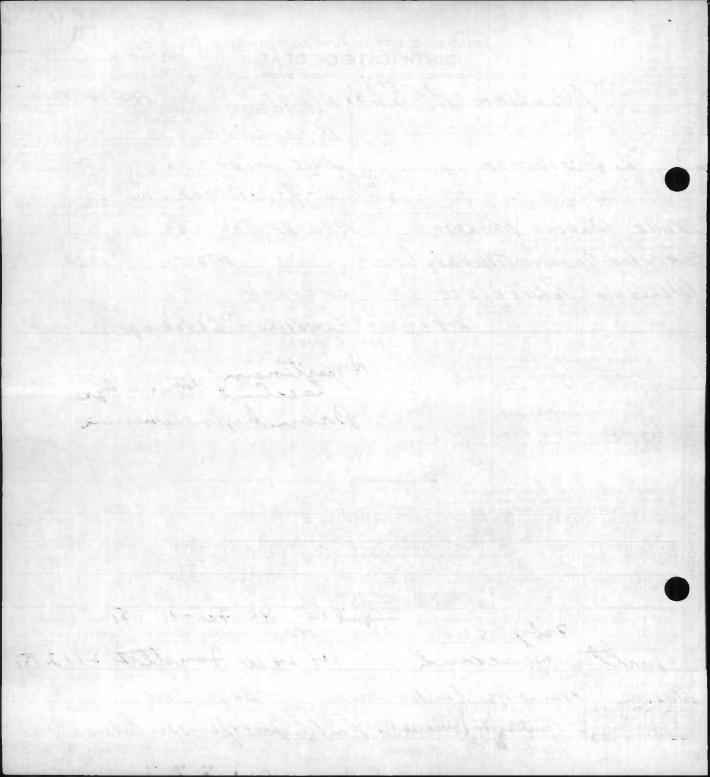
BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.  Regist	2 50 1 CERTIFICATE CORREC	CTED
CERTIFICATE OF DEATH  INAME OF DECEASED  (Type or Phies)  Iname of Deceased  Iname of Dec	51 1379 BALTIMORE CITY HE	
Type or Prints Complete Mandon And Complete Ma	CERTIFICATI	E OF DEATH Registered No.
3. PLACE OF DEATH.  Baltimore City, Maryland  B. FULL NAME OF City of inativation, give street address of contents.  B. FULL NAME OF City of inativation of inativation, give street address of contents.  B. FULL NAME OF City of inativation of inativation, give street address of contents.  B. FULL NAME OF City of Town (If outside corporate limits, write RURAL and give completed of the contents of	(Tune or Print)	OF .
B. FULL NAME OF I'R not in hospital or institution, give street address or location)  MOSPITAL OF STREET ADDRESS (II TUTAL, give location)  Mospital OF Stay in Baltimore  S. SEX  G. GOLOR OR RACE   7. SINGLE MARRIED  Mospital OF STREET ADDRESS (II TUTAL, give location)  Mospital OF Stay in Baltimore  S. SEX  G. GOLOR OR RACE   7. SINGLE MARRIED  Mospital OF STREET ADDRESS (II TUTAL, give location)  Mospital OF STREET ADDRESS (II TUTAL, give location)  Mospital OF STREET ADDRESS (II TUTAL, give location)  J. SEX  G. GOLOR OR RACE   7. SINGLE MARRIED  Mospital OF STREET ADDRESS (III TUTAL, give location)  J. SEX  G. GOLOR OR RACE   7. SINGLE MARRIED  J. SEX  G. GOLOR OR RACE   7. SINGLE MARRIED  J. SEX  G. GOLOR OR RACE   7. SINGLE MARRIED  J. SEX  J. J	3. PLACE OF DEATH: /	4. USUAL RESIDENCE (Where deceased lived. If institution : residence
Colty or Town   Cleuside corporate limits, write RURAL and give township)		
Ongth of stay in Baltimore  S. SEX  C. COLOR ON RACE  7. SINGLE MARRIED.  NIDOWED DIVORCED (Specific Country)  13. FATHER S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL, YARD DISEASE OF CONDITION DIRECTLY  LIS. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL, YARD DISEASE OF CONDITION DIRECTLY  LIS. FATHER'S NAME  17. INFORMANT  18. F. J.	HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
S. SEX  G. COLOR OR RACE  7. SINGLE MARRIED  10. DEPARTON (Ginerated)  10. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State of foreign country)  12. CITIZEN OF WHAT COUNTRY.  13. FATHER'S NAME  15. WAS DECRASED EVER IN U.S. ARMED DORCES?  16. SOCIAL  17. INFORMANT  18. WAS DECRASED EVER IN U.S. ARMED DORCES?  18. SCICKITY NO  19. AND DECRASED EVER IN U.S. ARMED DORCES?  19. WHAT COUNTRY.  10. SECURITY NO  10. SECURITY NO  11. DISPASE OR CONDITION DIRECTLY  LEADING TO DEATH  This does not mean the mode of dying, o.g., heart failure, sathenia, etc. it means the disease, nights or complication which satured death.)  10. SUB-ABES OR CONDITIONS IN PARY, GIVING RISE OF THE MARKET COUNTRY OF THE MARKET COUNTR	D. Vorr. Has	12alls 10-01
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10. USJAL OCCUPATION (Give kinder)  10. USJAL OCCUPATION (Give kinder)  10. NIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ANNED FORCES? (You now maknown)  16. SOCIAL SECURITY NO SECURITY NO DISEASE OR COMDITION DIRECTLY (This does not mean the mode of dying, o. R., heart failure, asthenia, etc. It means the disease, injury or complication which caused death, DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, CIVING MISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS, ON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THIRDTHYS TO THE LEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SON. THE SIGNATURE  21A. EXTERNAL CAUSE WAS UNDERLYING SO OF DEATH.  3. THE (Month) (Day) (Year) (Hour)  21B. DATE OR CONDITION SON.  WHILE AT NOT WELLOW THE SON TH	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	
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19a. Date of Operation   19b. Major Findings of Operation   20. autopsy?   Yes   No     21a. external cause was   21b. Place of Injury (e.g., in or Underlying in or Contrib.   21b. Place of Injury (e.g., in or Underlying in or Cause of Death.   Street   Street   Fremont Avenue & Mosher Street   10. Time (Month) (Day) (Year) (Hour)   21e. Injury occurred   21f. How Did Injury occur?   10. Time (Month) (Day) (Year) (Hour)   21e. Injury occurred   21f. How Did Injury occur?   10. Time (Month) (Day) (Year) (Hour)   21e. Injury occurred   21f. How Did Injury occur?   10. Time (Month) (Day) (Year) (Hour)   21e. Injury occurred   21f. How Did Injury occur?   10. Time (Month) (Day) (Year) (Hour)   21e. Injury occurred   21f. How Did Injury occur?   10. Time (Month) (Day) (Year) (Hour)   21e. Injury occurred   21f. How Did Injury occur?   10. Time (Month) (Day) (Year) (Hour)   21e. Injury occurred   21f. How Did Injury occur?   10. Time (Month) (Day) (Year) (Hour)   21e. Injury occurred   21f. How Did Injury occurred   22f. How Did Injury occurr	<u>II</u>	
19a. Date of Operation   19b. Major Findings of Operation   20. Autopsy?   Yes   No     21a. External cause was   21b. Place of Injury (e.g., in or Underlying M or Contrib.   Street   Street   Fremont Avenue & Mosher Street   1 injury occur?   Fremont Avenue & Mosher Street   1 injury occur?   1 i	OTHER SIGNIFICANT CONDITIONS CON-	H I I I I I I I I I I I I I I I I I I I
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21. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB.  UTING CAUSE OF DEATH.  Street  Stree		
22. I certify that I took charge of the remains described above, held an Autops, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  23a. SIGNATURE  24a. EUMAL. CREMA- 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  21f. HOW DID INJURY OCCUR?  ANOT WHILE X 12b. NOT WHILE X 12b. NOT HOW DID INJURY OCCUR?  AT WORK X 12b. NOT HOW DID INJURY OCCUR?  AT WORK X 12b. NOT HOW DID INJURY OCCUR?  AT WORK X 12b. NOT HOW DID INJURY OCCUR?  AT WORK X 12b. NOT HOW DID INJURY OCCUR?  AT WORK X 12b. NOT HOW DID INJURY OCCUR?  AT WORK X 12b. NOT HOW DID INJURY OCCUR?  AT WORK X 12b. NOT HOW DID INJURY OCCUR?  AT WORK X 12b. NOT HOW DID INJURY OCCUR?  AUTOPA, Inspection or Inquiry  Autops, Inspection or I	21a. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in about home, farm, factory, etreet, office bidg., e	(c.) INJURY OCCUR?
eb. 10, 1951 8:55 P. m. WHILE AT NOT WHILE X P. STRICK By A. WORK 22. I certify that I took charge of the remains described above, held an Autops, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined . 23A. SIGNATURE  23A. SIGNATURE  ASSISTANT MEDICAL EXAMINER		
22. I certify that I took charge of the remains described above, held an Autops, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \).  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER	INJURY 1051 8.55 P WHILE AT   NOT WHILE	
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \).  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER		bove, held an Auto PS4 thereon and from
and death in my opinion resulted from: natural causes   , accident   M, suicide   , homicide   , undetermined   .  23a. SIGNATURE   23b. CHIEF MEDICAL EXAMINER		Autopsy. Inspection or Inquiry
ASSISTANT MEDICAL EXAMINER. 2-11-5-1  24a. BUMAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  DATE RECEIVED BY LOCAL REGISTRAR  LOCAL REGI	and death in my opinion resulted from: natural causes	$\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
24A. BUMAL, CREMA- ITION, REMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTRAR  LOCAL REGIST	115.00 1/2	ASSISTANT MEDICAL EXAMINER
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  FEB 1 31979  LOCAL REGISTRAR  LOCAL	24A. BURIAL, CREMA-1 24B. DATE 124C. NAME OF CEMETE	
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LC 145282	54 400	CRALTIMORE CITY	HEALTH DEPARTMENT	7 01	1373
	13/	CERTIFICA	HEALTH DEPARTMENT TE OF DEATH	Registered No.	
BIRTH NO.		4.			
1. NAME OF DECEA: (Type or Print)		McKamey		of Jan 2	4 1951
a. Baltimore City.			4. USUAL RESIDENCE ()	Where deceased lived. If ins	stitution: residence before admission)
		institution, give street address X Hospitals location	or Washingto	n D.C. V-	4
INSTITUTION	940 Eastern	Avenue	c. CITY OR TOWN (I	f outside corporate limits, v	write RURAL and give township)
		Yr:			
c ngth of stay in		J Days Da	vs   1503 7th Street	N.W.	
	V	SINGLE, MARRIED. WDOWED, DIVORCED (Spec Single	8. DATE OF BIRTH		der I Year II Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPA work done during most of works	TION (Give kind of 10E	KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)   12	2. CITIZEN OF WHAT COUNTRY?
- June	trunk		Virginia		WHAT COUNTRY
13. FATHER'S NAME	7.7		14. MOTHER'S MAIDEN N	AME	
	Harry		Betty		
15. WAS DECEASED EVE (Yes, no or unknown) (If:	R IN U.S. ARMED FOR res, give war or dates of ser	rvice) 16. SOCIAL SECURITY NO	Records: 4940	more City Hosp Eastern Avenue	resis
18. 420.0		CAUSI	OF DEATH	COUNTY SEVERAL	INTERVAL BETWEEN
DISEASE OR	CONDITION DIRE	CTLY			ONSE! AND DEATH
(This does not n	nean the mode of dyinenia, etc. It means the	ng, e.g., (A) Arter	iosclerotic Heart	Disease	unknown
	ication which caused				
ANTE	CEDENT CAUSES				
DISEASES OR O	CONDITIONS, IF ANY	(B)		•••••••••••••••••••••••••••••••••••••••	
RISE TO THE AB	OVE CAUSE (A) STAT				
Ö	SONDITION EAST.	(C)	***************************************		
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OTHER SIGNIF	ICANT CONDITION HE GEATH, BUT NOT				
TO THE DISEASE	OR CONDITION CAU				
19A. DATE OF OPI	ERATION 19B. M	MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?
21A. ACCIDENT V	VAS LINDED 2	IB. PLACE OF INJURY (e. p	, in or   21c. WHERE DID (	If in Baltimore City, give	YES NO L
CAUSE OF DEATI	TRIBUTING   about	ut home, farm, fectory, street, office bld		in Battimore Only, give	- CARCE IOCAGON)
210. TIME (Month	) (Day) (Year) (Hou			Y OCCUR?	
		m. WHILE AT NOT WHI	к 🗀 !		
22. I hereby cert	ify that I attende	ed the deceased from J	an 22 , 1951, to	Jan 24 , 19 51	that I last saw the
deceased alive or	1 Jan 24, 19	25. and that death occ	curred at 4:15 min from t		
23A. SIGNATURE	11.1 X	Men	4940 Eastern Ave		23c. DATE SIGNED
24A. BURIAL, CREMA	24B. DATE	M. O.	.,	OCATION (City, town, or	2-12-51 (State)
TION, REMOVAL (Specify	2-12-51	B-1+ n	F 0 1 1 7	3-04: C	Ya-1
DATE RECEIVED BY	REGISTRAR'S SIG	CNATURE 1 1 10	25. FUNERAL DIRECTOR	returne , !	DDRESS
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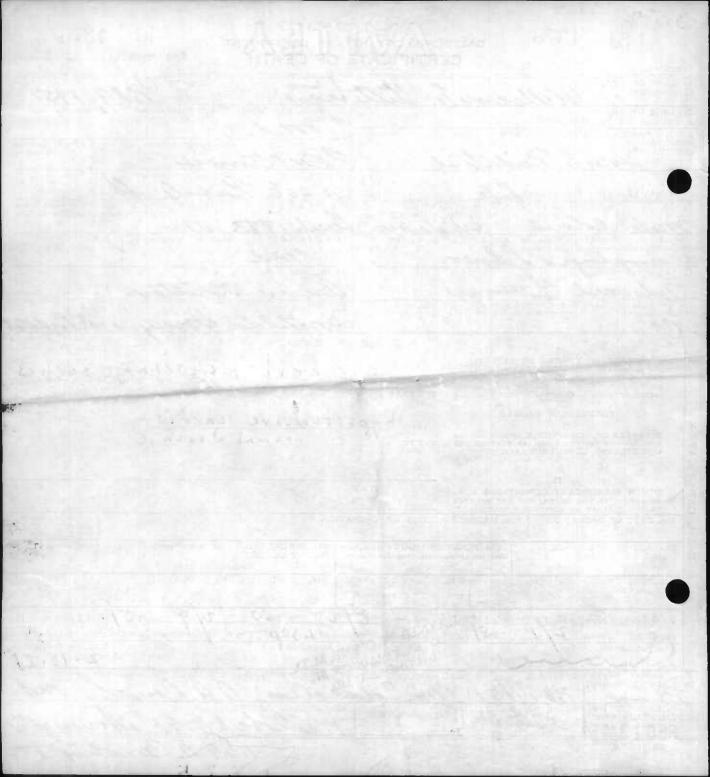


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				-				-	Yrs. Mos.	D. STREET ADDRESS	If rural, give location	n)
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1	3. F.	ATHE	RSN	AME/	(	8,	,			14. MOTHER'S MAIDEN	NAME	
1	0	261	za	m	6	ho	iRio	190		LINKNOWN		
(Y	es, no	or unk	nown)	(If y	es, give wa	. ARMEI	FORCES?	16. SOCIA	L RITY NO.	17. INFORMANT	CII	ADDRESS
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Σ			ME (	Month)	(Day)	(Year)	(Hour)	21E. INJURY	OCCURR	ED 21F, HOW DID INJU	RY OCCUR?	
		1143	OK 1				m.	WHILE AT WORK	NOT WHILE			
	2	2. I h	ereby	cert	ify tha	t I att	ended th	e deceased f	rom Cop	10 , 1940 to		957 that I last saw the
	d	eceas	ed al	ve on	+	wy	£, 19_5_	land that de	eath oecur	red at 16 : John., from	the eauses and	on the date stated above.
	2	30751	GNAT	PEG	-	1	211	no I	2	3B. ADDRESS	Jan 11	23c. DATE SIGNED
2	4A.	BURI	AL, C	REMA-	24B. E	ATE		24c. NAME C	F CEMETE	RY OR CREMATORY 24D	LOCATION (City, t	own, or county) on (State)
	13		AL (S)	echry)	FFL	- 13	-1951	Loudos	r Par	R Bo	1to - Md	
E	ATE	REC	EIVE	BY	REGIS			URE		25. FUNERAL DIRECTO	2	ADDRESS
	F	ER	131	QE1	H		LANT	Miliams	MIC	B. Wibbert Y	Sox - 1300	Titaw Place.
		VS 1	50	991		· Market	0	TO COMPANY	MINE AND	11/1/		d20 17



MED. EXAM. CASE BEARD	To be approved to	
630 54 1975 BALTIMORE CITY HEALTH DEPARTMENT 51. 1375		
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF CO.	100.
3. PLACE OF DEATH:	DEATH DEATH A. USUAL RESIDENCE (Where deceased lived. If institution residen	1951. nce
A. Baltimore City, Maryland O.D.A.  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admi	ission)
HOSPITAL OR INSTITUTION IOURS TOPKIS TOSTITUTION	C. CITY OR TOWN (If putside corporate limits, write RURAL an	nd give
Yrs.	D. STREET ADDRESS (If rural, give location)	
ngth of stay in Baltimore Mos. Days	5300	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH  9. AGE (in years   Worder   Year   Honder   Year   Honder   Months   Days   Hours	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1 0
work done during most of working life even if retired) INDUSTRY		NTRY1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	Pearl View	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS HOPKINS HOSPITER	
18. 540.0 CAUSE	OF DEATH INTERVAL BET	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tro-intestrial hunorhage 12 hrs	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	post-operating	<u>.</u>
many or complete which caused death.)		
ANTECEDENT CAUSES		
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	strie Uleer Smos	<u></u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)		<u>-</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	strie Uleer 5 mos	L
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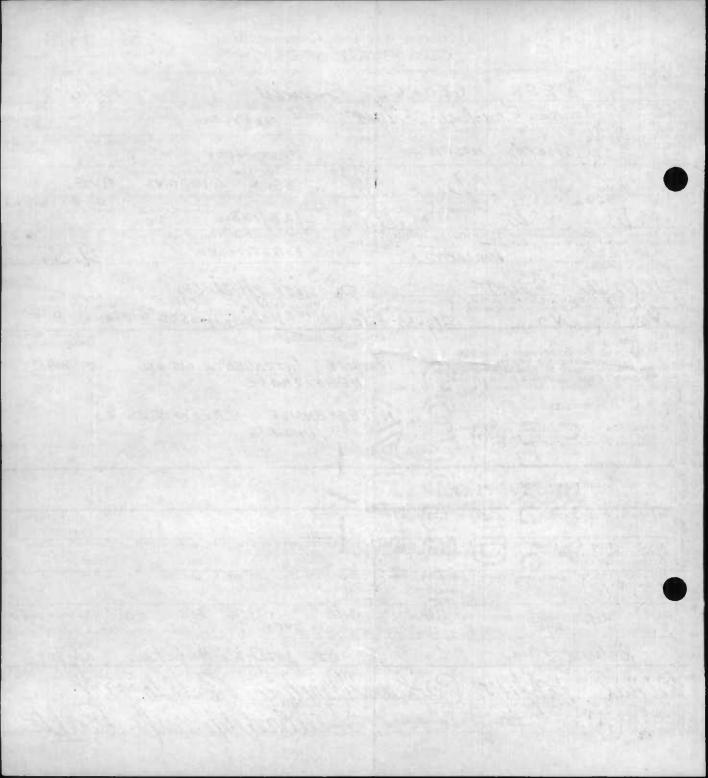
## FOWLKES

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1377

Registered No .\_\_\_ BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OF RACE 9. AGE (In years | It Under | Year | It Under 24 Hours | last birthday) | Months; Days | Hours | Min. married IOA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BORTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired INDUSTRY WHAT COUNTRY? 3. FATHER'S NAME SH man 15. WAS DECEASED EVEN IN U.S. ARMED FORCES?
(Va. no or unknown) (If yes, give war or dates of service) 16, SOCIAL (Yes, no or unknown) SECURITY NO NTERVAL RETWE 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED mitral inisufficiency filinis schooses TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION | 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Blone 21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! , 1951, to 3d- 10 \_\_, 1951, that I last saw the 22. I hereby eartify that I attended the deceased from 15 deceased alive on 34 9 1951 and that death occurred at m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 4c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 27. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR VS 150

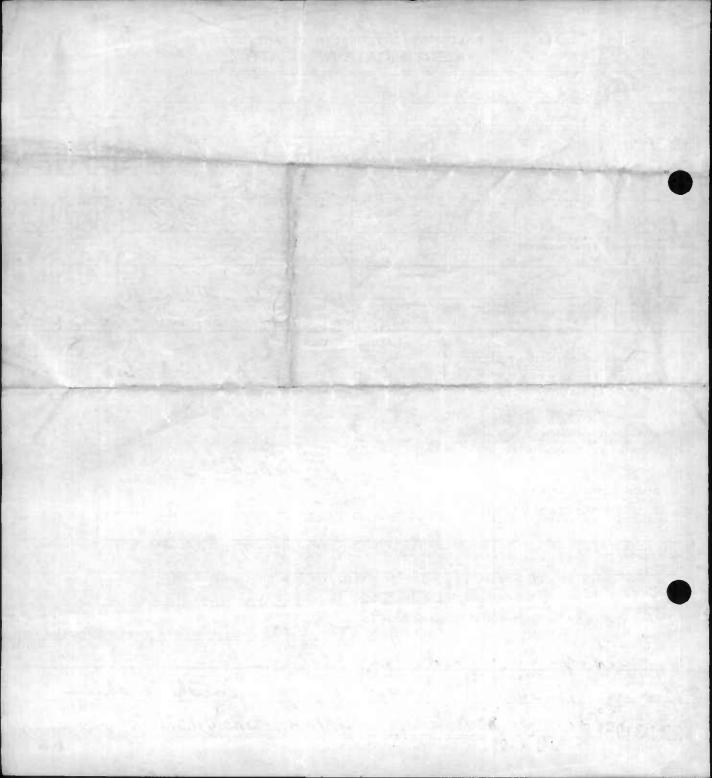
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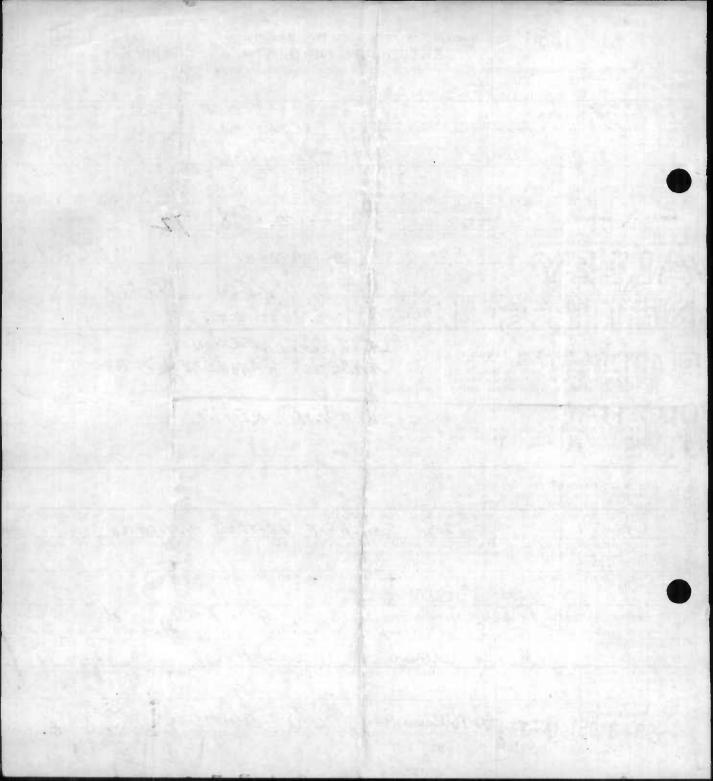
51. 1379

В	RTH NO.			LKIIFICA	TE OF	DEATH	1			
	NAME OF DE	SAYA L	HANNA	WA.	+sox	r	2.	DATE OF 2	-11	1-51
	PLACE OF DE Baltimore C	ity, Maryland	11-1	/	4. US	ATE ATE	NCE (Where	deceased lived		ition: residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institution	n, give street addres locati		Md	** (IC	25-	06	
IN	ISTITUTION 3	312. 7AIN	sield.	Prad	6, 6,	BA11	2 les su	- O 9	E On	e RURAL and give
7		5100 1/11	7 1610	C YI		REET ADDRES	S (lf rura	, give location	FALV	+10/a)
6	ength of st	ay in Baltimore		6 Me Da	98. 3.	312 FA	77r-16	2/8	ROA	-d.
5.	SEX 201	6. COLOR OR RACE		MARRIED, O, DIVORCED (Spe	8. DA	TE OF BIRTH		AGE (In years last birthday)		Year II Under 24 Hours Days Hours: Min.
10	A LISUAL OCC	CUPATION Give kind of	Wic	OF BUSINESS OR	11 PI	188 9	to or foreign	64	- 1	
	k done during most of	f working life, even if retired)		INDUST		RTHPLACE (St.	S (	n country)		TIZEN OF . VHAT COUNTRY?
13	FATHER'S N	WIF E	1		14. M	OTHER'S MARE	DEN NAME		- lu	٠٥,
	DAV	e DAV	115		1 1	vuc1	/ 1/1	1/50 ,	, 2,	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO	17. IN	FORMANT	ie BA	rno#-	ADDRE	es Paudin
	18. 56	2 ~ V		CALIS	E OF DI	EATH	12/1	me.il		TERVAL BETWEEN
U.	~ (	E OR CONDITION	DIRECTLY	1	7	-710	,		1 0	NSET AND DEATH
	(This does	LEADING TO DEA	of dying, e.g.,	(A)	nou	moni	ALL	OBAY	left	3 dayses
		re, asthenia, etc. It mes complication which								
		ANTECEDENT CAU	SES							
O		OR CONDITIONS,			***************************************	• • • • • • • • • • • • • • • • • • • •		*******************		
CATIO		ING CONDITION L					-			
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CERT		II IGNIFICANT COND		Da	1 1	1, -				
CE	TO THE DI	TO THE DEATH, BUT	CAUSING IT.		n)dv	ATIO	N			
AL	19A, DATE O	F OPERATION O	98, MAJOR	FINDINGS OF O	PERATION					YES NO
EDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE,		E OF INJURY (e. m, factory, street, office bl		c. WHERE DIE		Baltimore Cit	-	
ME	HOMICIDE	(Specify)	ebout bonie, sei	m, ractory, sueec, omce b	ug.,etc.)	JORT OCCOR				
	F INJURY	Month) (Day) (Year	WH	IE. INJURY OCCU	ILE	F. HOW DID I	NJURY OC	CCUR?		
	22. I herebi	y certify that I at		P		1957.	to 76	1 11.19	57. tha	it I last saw the
		ive on Feb. 10		nd that death oc						
	23A. SIGNAT	DALLY C.	Lu	ch M.O.	23B. AD	7 Same	av	e_		-11-5
		REMA- 48. DATE	-13-512	4C. NAME OF CEMI	TERY OR		24b. LOCA	TION (City, to		
111	ON REMOVAL (S)	Remou	al	Clove	)		Sou		olu	
D.	ATE RECEIVED		'S SIGNATUR	IN ALL MAR		NERAL DIREC		15 11	S ADD	RESS
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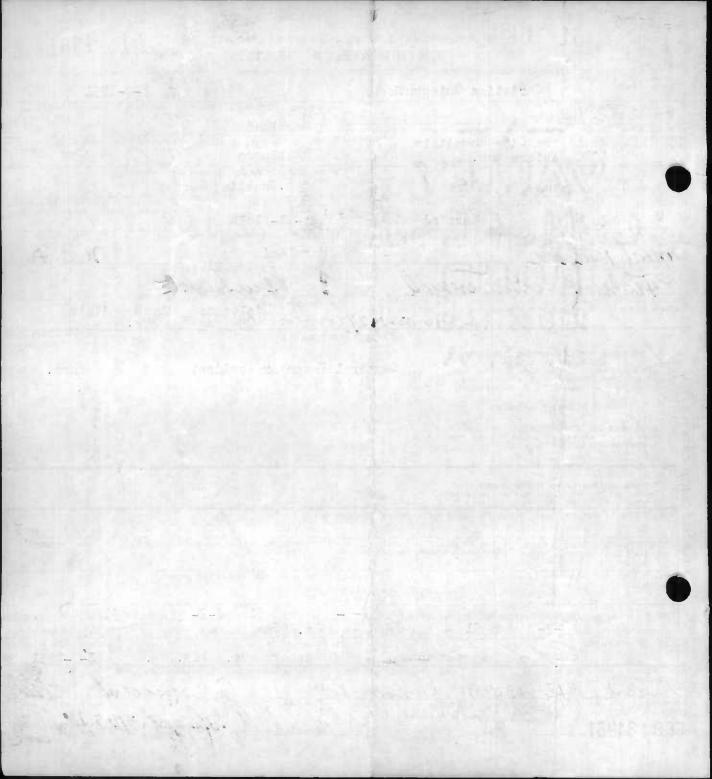


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

41	653		
	51 1380 BALTIMORE CITY HE		1.380
		E OF DEATH Registered N	То
	Type or Print) TONIA GREEN WOOD	2. DATE OF DEATH 2-	10-51
	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If	institution : residence before admission
	FULL NAME OF (If not in hospital or institution, give street address or	MAARYTAND 16	
	HOSPITAL OR NOTITUTION location)	c. CITY OR TOWN (If outside corporate limit	s, write RURAL and give
	24 UNIV. HO(P.	D. STREET ADDRESS (If rural, give location)	
	ength of stay in Baltimore	3205 BRIGHTON	
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		Under   Year   If Under 24 Hours nths Days Hours Min.
-	emale hite Widowed  OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	March 27, 10/8 72	
w	ork done during most of working life, even if retired) Housewife At Home		12. CITIZEN OF
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	wed
	Willibald /// X	THERESA VOETE	-2
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT A	DDRESS
-	No None	Mrs.Ida Branford, 3205 Brigh	INTERVAL BETWEEN
NOIT VOISITE	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	ABETES XIETHITES	07
CEDTI	TRIBUTING TO THE DEATH, BUT NOT RELATED		
	19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
14010	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6.8.1)	RENT KETTFOOT AMOUTHTON	
	CAUSE OF DEATH		,
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY WHILE AT NOT WHILE		
	22. I hereby certify that I attended the deceased from	18 ,195/, to 2-10 ,19 5	that I last saw th
8	deceased alive on 2-10, 195 L. and that death occur	rred at 230 Am., from the causes and on th	he date stated above
3	23A. SIGNATURE JOH John Stown D. 2	Al ww Hoop	23c. DATE SIGNED
- 20	24A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE		
3    _	Burial Feb. 13,1951 Woodlawn Ceme	etery Woodlawn, Md.	
770	DATE RECEIVED BY REGISTRAR'S SIGNATURE	THEUNERAL DIRECTOR 451	O Liberty
=	FEB 1 31951 Huntager / Manus, Mary	Millis Amorean Hei	ghts Ave.
1	VS 150		61



	51 1381 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT 51  F OF DEATH Registered No	1381
1.	NAME_OF_DECEASED	2. DATE	
	ype or Print) Christian Gutermuth	of 2-9-19	51
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY Maryland	stitution : residence before admission)
H	OSPITAL OR Baltimore City Hospitals location)	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give
	4940 Eastern Ave.	Baltimore 26-0	township)
	ength of stay in Baltimore  Life  Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  8 S.Conkling Street	
5	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) If lin	der 1 Year   If Under 24 Hours
10	W M WIDOWED DIVORCED (Specify)		hs Days Hours Min.
wof	A. USUAL OCCUPATION (Givekind of the done during most of working life, even if retired)  INDUSTRY		WHAT COUNTRY
-	Meat Buche MEAT STORE	Maryland	K.J.A
	Fredrick Gutermett	14 MOTHER'S MAIDEN MAME	
15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknown) (If year give war or dates of service) 316-155-1427	17. INFORMANTBaltimore City Hospi Records: 4940 Eastern Ave.	tals
	18. 3 3 / X CAUSE CAUSE CAUSE OF CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
V			YES NO
MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH		e exact location)
. 2	FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?	
	m.   work   AT WORK	2- 1057 /- 2-0- 10 57	.1 7 1
	22. I hereby certify that I attended the deceased from 2-9 deceased alive on 2-9- 19 51, and that death occur	red at 8.20 Pmn., from the causes and on the	that I last saw the
	23A. SIGNATURE	3B. ADDRESS	23c. DATE SIGNED
	Go. Clozens. 49	040 Eastern Ave.Balto.,Md.	2-9-1951
Z. TI		RY OR CREMATORY 240. LOCATION (City, town, or	ounty) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS .
	FR 1 31051	Moudel Selend 315.	Halland
	VS 150		cine
			0



22. I hereby certify that I attended the deceased from. deceased alive on\_

24B. DATE

12-15

23B. ADDRESS

19 50 to 2-7-

. 19 5 that I last saw the 19 57 and that death occurred at 12\*39n. From the eauses and on the date stated above. 23c. DATE SIGNED 4940 Eastern Avenue

23A. SIGNATURE

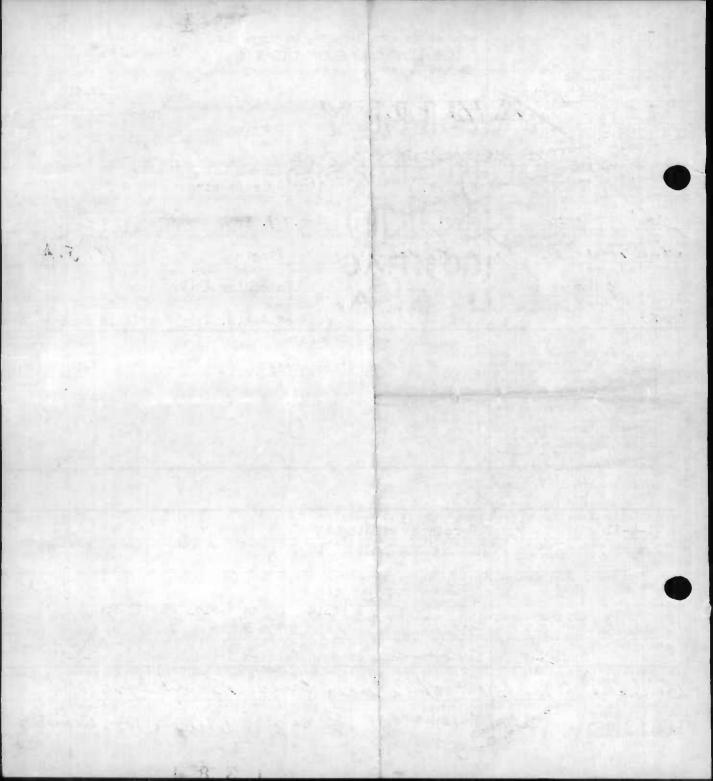
OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Bunal DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-TION REMOVAL (Specify)

VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1383

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Feb. 10, 1951 Walter Francis Welling DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Md . B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townshin 729 W. Favette St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 729 W. Fayette St. . Length of stay in Baltimore Life Days 9. AGE (In years) 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Widowed Aug. 17. 1881 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Brown Real Painter Estate Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William T. Welling Mary C. Bendle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS ministe (Yes, no or unknown) (If yes, give wer or deten of service) SECURITY NO no no 16-03-221 William G. Welling 98 Penn. Ave. INTERVAL BETWEEN CAUSE OF DEATH 241X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) ... H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., io or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE WORK 1951, that I last saw the 22. I hereby certify that I attended the deceased from Jan 1 deceased alive on Feb 10 . and that death occurred at 10 f.m., from the causes and on the date stated above. 1951 238. ADDRESS 23A. SIGNATUAE 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) New Windsor, Md. Pipe Creek Feb. 14.1951 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR ADDRESS VS 150

- - - South with wint 12 11 437 AY 12 01-16 25. Schoenfuld 25.2.

BIRTH NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1384 Registered No.

I. NAME OF DECEASED (Type or Print)  ARTHUR FRANKLIN ARNOLD	OF Feb. 12, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Pk. Drive & 31st St.	
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  3410 Guilford Avenue
5. SEX  6. COLOR OR RACE  WIDOWED, DIVORCED (Specify)  DIV	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. 64
10A. USUAL OCCUPATION (Give kind nf work done during most nf working life, even if retired)  Engineer  10B. KIND OF BUSINESS OR INDUSTRY  Sea farer	11. BIRTHPLACE (State or foreign country)  Neb •   12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Fremont Arnold	14. MOTHER'S MAIDEN NAME Jennie Henry
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or unknown) (If you, give war or dates of service)  SECURITY NO.	17. INFORMANT Records- US Marine Hospital, Balto, Md.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	t operature state 2-5-51 ulotomy and occuption of Sech iral Levelouse use of humalouse
TRIBUTING TO THE OEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.	RATION Large subdural hematoma   20. AUTOPSY?
OVER 10 TO PARTIES  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	al area • YES NO NO NOT 21C. WHERE DID (If in Baltimore City, give exact location)
deceased alive on Feb. 12, 1951, and that death occur	• 21 19 51/to Feb. 12 19 51 that I last saw th
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) February Tauro Tau	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  LD 1 2 10 6 1	John C. Milly Luc. \$30
N-854.9 24055	2433-35 East Bliver Street

AGEL STERES A on the street of the \* 10H · Letter for the second The state of the s To test delegate the second to FE IF AT TO BE AND THE COURT IS A SECOND TO THE COURT OF THE CO

	2-209385	ВА		EALTH DEPARTME E OF DEATH		51 egistered No	1385	
1.	NAME OF DECEASED		714	11.	2. DAT	E		
(T	ype or Print)	us	Grillian	1/990	OF DEAT	1 -1	0-31	
	Baltimore City, Maryland	04	S. groom	4. USUAL RESIDENCE		sed lived. If in	stitution : residen before admi	
	FULL NAME OF (If not in hospit	al or institu	tion, give street address or location)		. 7.0 7			
IN	STITUTION		1	c. CITY OR TOWN	(If outside co	rporate limits,	write RURAL an town	d giv
7		1	Yrs.	D. STREET ADDRESS	(lf rural, give	logation)	0	
C.	Length of stay in Baltimore		Mos. Days	604 81	heene	12		
7	A. ale 6. COLOR OR RACE	WIGO	E, MARRIED, MED, DIVORCED (Specify)	aug 11/88	7 6 3		nder 1 Year If Under 2 ths Days Hours	A llours Min.
worl	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)	Ple Ple	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign cour	ntry) 1	2. CITIZEN OF WHAT COUN	ITRY
13	HO, CINY		CONST.	ROSa YO	ndon.			
15 (Ye	. WAS DECEASED EVER IN U.S. ARME , no or unknown) (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	1-0-		DRESS	
	-		1218-01-45	62 della	17490	684	neen	
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which	TH of dying, e. ans the disea	g., (A) Respe	istory fail	ere_		INTERVAL BET	
ERTIFICATION	ANTECEDENT CAUSE DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.	F ANY, GIVI		Nevel disea	edio ra	seulo		******
-1C			1/6	meplegen				
TIF	OTHER SIGNIFICANT COND	ITIONS of	_ (C)			***************************************		
CEF	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELAT	TED .					
			R FINDINGS OF OPER	ATION			20. AUTOPS	SY?
CA	Other Accel PENT, CHICKE	1 010 01	AGE OF INVENTOR (	- Loss WHERE DID	416 in Dal4i	0:4	YES N	
MEDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY (e. g., i ,farm,factory,street,office bldg.,		mad ni ii)	more City, giv	ve exact location)	)
	D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR	?		
		m.	WHILE AT WORK AT WORK					
	22. I hereby certify that I at	0.		1/7		/	that I last say	
	deceased alive on 2	_, 193 /,	and that death occur	red at (1) Cit. m., fr	om the cause.	s and on the	date stated a	
	I Aliorofiky V	u.D.	м. D.	60/N. MI	Whe &	7	2/12/5	/
7	AA. BURIAL, CREMA- DN, REMOVAL (Specify)	-51	24c. NAME OF CEMETE	Centry 24	Ball	City, town, o	r county) (S	tate)
	ATE RECEIVED BY REGISTRAR DCAL REGISTRAR	SSIGNAT	Villiams, Mar	25. FUNDRAL DIRECT	139L	4. Ham	ADDRESS	1
FI	- Rv\$ 4=4921		522	24			3/2	

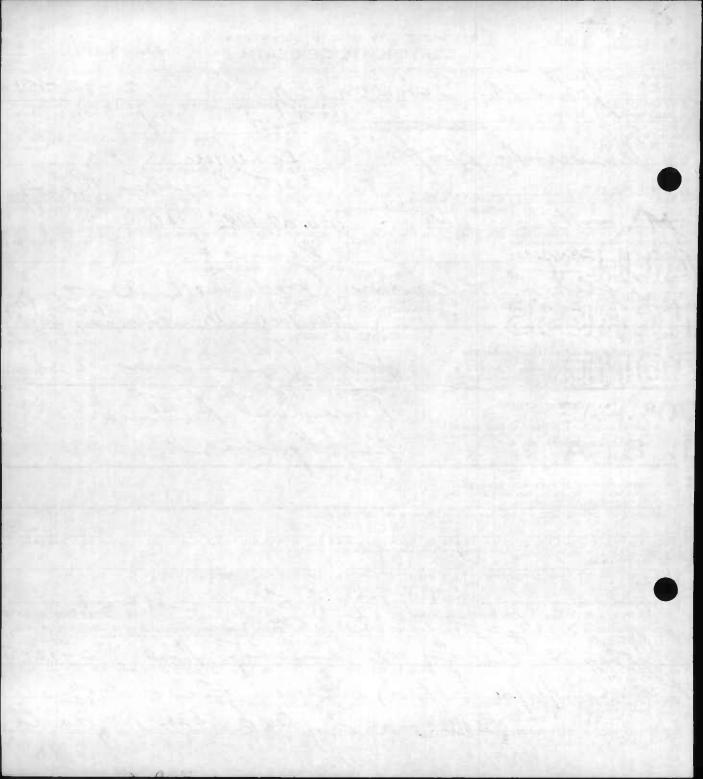
PRINTER OF STADISTINAL

6-3	65	2 602	8
IRTH NO.	54	438	6
NAME OF	DECEA	SED	

	5	1-02608			E OF DEATH	Registered	v <sub>o</sub> 1386
_		54 1386		CERTIFICAT	E OF DEATH		
1. (T	NAME OF Dype or Print)					2. DATE OF	
3	PLACE OF D	Baby	Girl E	rnstberger	4. USUAL RESIDENCE	DEATH Feb.	2, 1951
		City, Maryland			A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or instituti	on, give street address o location		If outside corporate limit	s, write RURAL and give
W	1 1	Joseph's Hos	oital		Baltimore	26-	(65 township)
			14	Yrs.	D. STREET ADDRESS (I		
c	ngth of s	stay in Baltimore	Life	Mos. Days	426 Imla	Street	
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	, MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	f Under 1 Year   If Under 24 Hours on the Days Hours Min.
	male	White	Sir	ngle	Feb. 2, 1951		3 5
Mot	dooe during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Infant				Baltimore, Ma	ryland	
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
(Ye	, mo or ooknowo)	ED EVER IN U. S. ARMEI (If yes, give war ur date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	18.			CAUSE	OF DEATH		INTERVAL BETWEEN
	16	SE OR CONDITION	DIRECTLY	0.1002	O. DEATH		ONSET AND DEATH
		LEADING TO DEA's not mean the mode of	TH	w atte	lectoria		
	heart failt	arc, asthenia, etc. It mea	ns the disease	DUE TO		************************	
	mijary or			, DOE 10	materity		
7		ANTECEDENT CAUS	ES	- Tru	materity		
0	DISEASES OR CONDITIONS, IF ANY, GIVING						
4TI		THE ABOVE CAUSE (A) YING CONDITION LA		E OUE TO			
O				(C)			********
ERTIFICATION		II	RI DI				
E.R.		GIGNIFICANT CONDI					
Ü		DISEASE OR CONDITION					
1 L	ISA. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A. ACCIE	DENT WAS UNDER-	218. PLA	CE OF INJURY (e. g.,	in nr   21c. WHERE DID	(If in Baltimore City,	YES NO Divergive exact location)
MED		R CONTRIBUTING	about home, fo	arm, factory, atreet, office bldg.	,etc.) INJURY OCCUR?		
	2 ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJUR	RY OCCUR?	MARKE AND
		1200	m. V	WORK NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from	2/2/ 19 57 to	2/2/ , 195	1, that I last saw the
	deceased a	live on 2/2/	, 151	and that death occu	rred at 2:50PvM, from	the causes and on the	he date stated above.
	23ACSIGNA	11 1 1 1000	1.	/_	238. ADDRESS		23c. DATE SIGNED
				ン· M. D.	1400 N. Caroline		
110	N REMOVAL	CREMA- 24B. DATE	1-02	24C. NAME OF CEMET	CREMATORY 24D.	LOCATION (City, town,	or county) (State)
1	Juna	2 7/4/	5/	Holy K	edeemer 7	Tallo	Ind
	CAL REGIST		SIGNATU	RE /	25 FUNERAL DIRECTOR	1 , 1/	ADDRESS P
_		1 Suntito	view Nol	liane ME G	X. Luck	5305 /Va	if make
-	- tvs 150	51			1//	/	
				of a second of a	U		159
KLE	note:	THE REAL PROPERTY.		300 1	0.0	2 9 6	

THE REPORT OF THE PARTY OF THE

BALTIMORE CITY HEALTH DEPARTMENT Registered No.38 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) WENSEN DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore Lity, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION IMORG Yrs. D. STREET ADDRESS (lf.rural, give location). Mos. igth of stay in Baltimore Days orken 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED BIRTH 9. AGE (in years) If Under 1 Year | If Under 24 Hours WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours; Min. 10A. USUAL OCCUPATION Give kind of 1 BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTRY? Chaser elver do 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PLATING nuvenoon 15. WAS DECEASED EVER IN U. S. ARMED PORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unkoowo) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK 309\_, to. 22. I hereby certify that I attended the deceased from. that I last saw the 19\_ deceased alive on 2 = 12 19 5 and that death occurred at m., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE 24A. BURIAL, CREMA-TION DEMOVAL (Specify) AD. LOCATION (City, town, or county) 248. DATE 24C. NAME OF CEMETERY OF CREMATORY (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



6-34 4388 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) utside corporate limits, write RURAL and give C. CITY OR TOW INSTITUTION mare rural, give location) Mos. ength of stay in Baltimore Davs 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE AGE (in years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 2 name 10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) 10B. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S MAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. NFORMANT (Yes, no or uoknown) (If yes, give wer or dates of service) SECURITY NO 447 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY TERIOSCIEROTIC- Cardio LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disense, Varcular Prenal Disease. injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK mail 8, 1950 to 7eb. 11, 1951, that I last saw the 22. I hereby certify that I attended the deceased from. 19.5 1, and that death occurred at 74. m., from the causes and on the date stated above. deceased alive on Teb 7 23A. SIGNATURE 23c DATE SIGNED 23B. ADDRESS CK/Bex / 24A. BURIAL, CREMAQ 24B. DATE 24c. NAME OF CEMETERY OR PREMATORY ION (City, town or county DATE RECEIVED BY LOCAL REGISTRAR

VS 150

Dr. Himelfart. 1801 Euloffer Ph. -460

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1389

1389 Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) John Taylor 2-12-51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence Baltimore A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OF BOWN mor of anchide corporate limits, write RURAL and give 50 Talbot Street INSTITUTION ADDRESS (If rural, give location) Yrs. 3 weeks Mos. Length of stay in Baltimore Dava 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. 3-10-70 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) MSAT COUNTRY? · INDUSTRY North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO Vonnie Taylor 5830 Yocum Street Phila. Pa. 18. 331X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Cerepral Hemorrhage DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WORK 2-6 , 1951, to 2-12, 1951, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 2-12 . 1951. and that death occurred at 7 P. m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED BURIAL CREMA 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, own, or county) TION, REMOVAL Specify 2-16-51 Mt. Moriah Philadelphia Pa. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 403 S. Wolfe Street

4500 Retchie Hy St. Philippi, Billion de THE PART PROPERTY SERVICE TO SERV . File and the second But S. Jelley Brown

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1390

BIRTH NO.	
1. NAME OF DECEASED KATHLEEN S.	
A. Baltimore City, Maryland GALTO.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
INSTITUTION OPNOVAL HOSPITAL	Boltimore 27-14 township
Yrs.	o. STREET ADDRESS (lf rural, give location)
ngth of stay in Baltimore Life Mos. Days	4409 WICKFORD RD #16
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years) If Under 1 Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired)	11. FIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Maryland
Tames Shields	Mary Harvey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Thos. G. Mope . 4409 WICKFORD
18. E970, 2 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Saluato Varance 4 days
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	resceled a later
Z DISEASES OF CONDITIONS IF ANY CHANG	
DISEASES OR CONDITIONS, IF ANY GIVING	33.75
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	73
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	73
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OPERATE DUTY NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJO	in or   21c. WHERE DID (If in Baltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OPERATE DUTY NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJO	in or   21c. WHERE DID (If in Baltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21A. EXTERNAL AUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D. TIME (Month), (Day) (Year) (Hour) 21E. INJURY OCCURR	in or 21c. WHERE DID (If in Baltimore City, give exact location)  4409 Wickford RD
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER UNDERLYING OR CONTRIBUTION CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21A. EXTERNAL AUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21B. PLACE OF INJURY (a. g., industry) 21C. TIME (Month), (Day) (Year) (Hour) FINJURY  21D. TIME (Month), (Day) (Year) (Hour) TINJURY  22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause 23A. SIGNATURE	in or 21c. WHERE DID (If in Baltimore City, give exact location)  449  LED 21F. HOW DID INJURY OCCUR?  The state of Nember of
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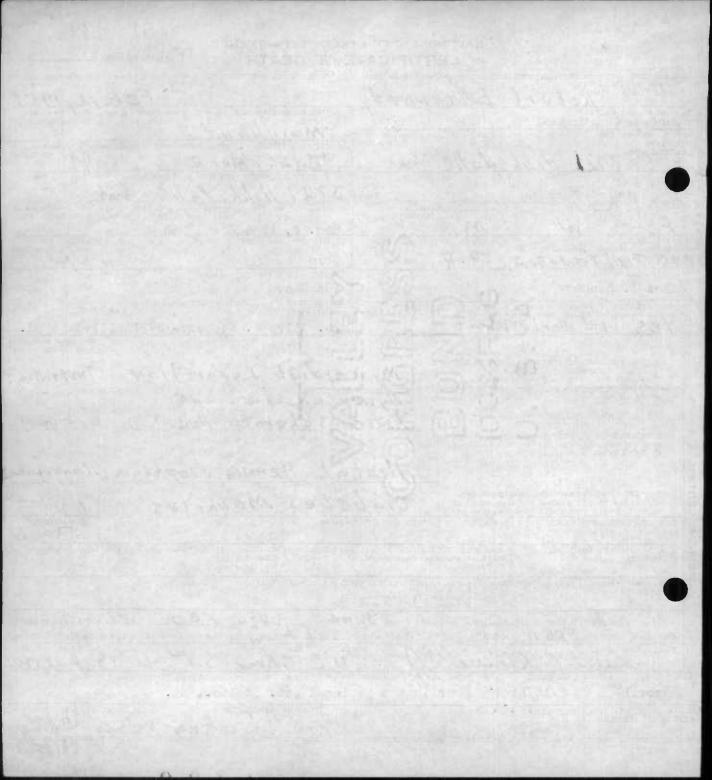
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CERTIFICATE OF DEATH	51 1391 Registered No.
	LO DATE

В	IRTH NO.	3. GO. A.		CERTIFICA	IE OF DEAT	H Registe	164 110	
	NAME OF DECEAS	oberi	t Ent	Kennedy		2. DATE OF DEATH	Eb. 12.1951	
	PLACE OF DEATH: Baltimore City, M				4. USUAL RESID	ENCE (Where deceased line B. COUN	ved. If institution: residence TY before admission)	
H	OSPITAL OR	(If not in hospit	tal or institut	tion, give street address location		(If outside corporat	e limits, write BURAL and give	
11	372	1 HIL	Isda	le Road	Ba 48	MOTE	28- Hol township)	
				Yrs. Mos	770111	111.010	on)	
	Length of stay in	Baltimore OR OR RACE	7. SINGL	Day E. MARRIED.	B. DATE OF BIRT	1445 44 4 C H 9. AGE (In year	Road ars If Under 1 Year   If Under 24 Nous	
	F	W	WIDOW	VED, DIVORCED (Special	Dec. 3. 18		y) Months Days Hours Min.	
	A. USUAL OCCUPAT			OF BUSINESS OR	11. BIRTHPLACE (	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
B	40 Real Es	tate Den		-R	Ohio		4.5 A.	
	FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME		
	James T. Kenn	ledy			Ida Lane			
15 (Ye	. WAS DECEASED EVER	IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	yes 131	World	War	02001111111	Mrs. Alice	A. Kennedy- 37:	21 Hillsdale Rd.	
	18. 420.	0		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR		DIRECTLY		1			
	(This does not mean the mode of dying, e.g., (A) Myocardiah Infarction Instantly							
	heart failure, asth injury or compli	enia, etc. It me	ans the diseas		ertensiv			
	ANTEC	CEDENT CAU	SFS	TYP	ercensin	4 4 11 4		
Z				(B) Arte	rioschero	otic Heart	DIS 15 yr ?	
TIC	DISEASES OR C	VE CAUSE (A)	STATING T	NG				
CA	UNDERLYING C	CONDITION L	AST.	-11	4 1 11		1 0-1 1	
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CERT	OTHER SIGNIF			N. Ti	hotos 1	Mehhitus	1111-	
Ü	TO THE DISEASE	OR CONDITION	N CAUSING	FINDINGS OF OPI		I ENAIL LDS	1 20 (UTOPEY2	
AL	19a. DATE OF OPE	RATIONO	198. MAJOR	FINDINGS OF OPE	ERATION		YES NO D	
EDICA	21A. ACCIDENT, SU HOMICIDE (Spec	JICIDE.		ACE OF INJURY (e. g. farm, factory, street, office bld			City, give exact location)	
MEI	THOMISTE (Spec	,	about bomo,	24 mg 24 mg 2 g g mg 2 mg 2 mg 2 mg 2	1100111 0000			
-	D. TIME (Month)	(Day) (Year	) (Hour)	21E. INJURY OCCUR	RED 21F. HOW DIE	INJURY OCCUR?		
			m.	WHILE AT WORK AT WORK	E			
	22. I hereby certi	ify that I at	tended the	deceased from J	4NC , 194	gto Feb,	195, that I last saw the	
	deceased alive on	Feb 11	_, 19.5-1.	and that death occ	urred at 2 A m	., from the causes and	on the date stated above.	
	23A SIGNATURE	078	Ren	000	23B. ADDRESS	C+	23c. DATE SIGNED	
_	Janue	11.14	may	W. C. M. D.	11 c. cm	21	Jeb. 12,1751	
TI	4A. BURIAL, CREMA- ON REMOVAL (Specify) ROMOVAL	24B. DATE 2/15/5	1		ery or CREMATORY	Balto., Md.	town, or county) (State)	
_		2/20/0	de				7	
D								
L	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR	'S SIGNATU	URE	25. PUNERAL PIF	Link age of	ADDRESS	

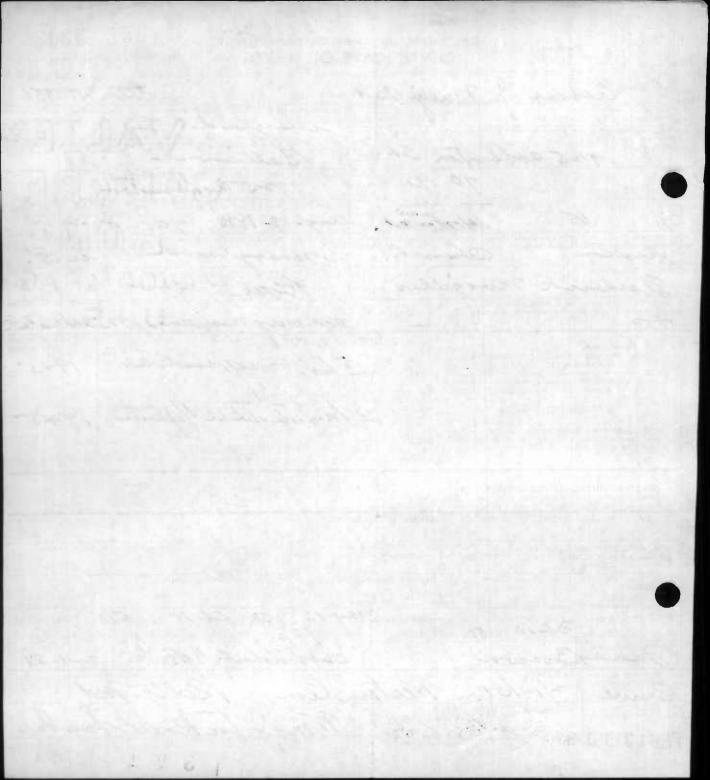
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19/1/3/2



J-520 1393

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1392

В	RTH NO.			CLICITI ICAT	E OF BEATH		770
(T	NAME OF DE	Geor	ge .	E. JAMES		2. DATE OF FEBRU	uary 12,1951
Α.	Baltimore Ci	ty, Maryland			A. STATE		
H	FULL NAME O OSPITAL OR ISTITUTION			tion, give street address o		f outside corporate limits	, write RURAL and give
y		1517W.	AIRMOU	NTAVE.	BALTIMOVE	2 19-	OZ township)
	ength of sta	y in Baltimore	25	Yrs. Mos. Days	I FIMUL E	AIR MOUN /	He.
	MALE	Colored	WIDOV	E. MARRIED. VED, DIVORCED (Specify	Aprila, 1918		Under 1 Year H. Under 24 Hours ths. Days Hours Min.
10 worl	done during most of	JPATION (Give kind vorking life, even if retire	of 10B. KINE	O OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	ABOLE I	ME		Sen	MAIETEN, N.C.	* *	U.S. H.
10	. FAIRER S NA	Unknow	M		14. MOTHER'S MAIDEN N	I/E.	
15	. WAS DECEASED	EVER IN U.S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT	124	
(Ye	yes	World W	tes of service)	SECURITY NO.	Poretha JA		AIRMOUNT AVE
H	18. 007	× i		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION	ATH	Laui	TE Pulmonary	Congestion	Several Days
	heart failure	not mean the mode , asthenia, etc. It m omplication which	eans the diseas	se,		cong sino	Sugs !
	А	NTECEDENT CA	JSES	Lukan	nary Tuberculosis	Marlovato Alb.	2016
NOL	DISEASES	OR CONDITIONS	IF ANY, GIVII	NG	1019 Julieveulosis,	MODE TO LE TOWN	co un grown
FICATI	UNDERLYI	NG CONDITION	LAST.	NE 332 13			
		11		(C)			
CERTI	TRIBUTING	SNIFICANT CON TO THE DEATH, BU EASE OR CONDITION	T NOT RELAT	ŁD.			
AL		OPERATION O		FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDEN HOMICIDE			ACE OF INJURY (e. g., farm, factory, street, office bldg.		If in Baltimore City, gi	-
ME							
	21D. TIME (M	onth) (Day) (Yea	100 100	21E. INJURY OCCURF	ALL REPORTS OF THE PARTY OF THE	Y OCCUR?	
h			m.	WHILE AT NOT WHILE		- /	
	22. I hereby	certify that I a	tended the	deceased from 126	ruary 10, 1951, to Frred at 6:30A.m., from t	ehrudryn, 1951	that I last saw the
	23A. SIGNATU	RE /			238. ADDRESS	ne causes and on the	23c. DATE SIGNED
	Kick		heut	м. р.	1631W. Frankl	in St.	2-12-51
TIC	A. BURIAL, CR		1051	24C. NAME OF CEMETE	POR CREMATORY 24D. L	OCATION (City, town, o	or county) (state)
D/	TE RECEIVED		S'S SIGNATU	JRE	25. FUNERAL DIRECTOR	rove Churty	ADDRESS/
E	B131951	AR	- Will	WE US	Josepha Sin	ely 661916mi	Bahest
	VS 150			971/		1	12 3
		Jan. 1		1/009	7 00001	3 0 3	1200

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BIRTH NO.

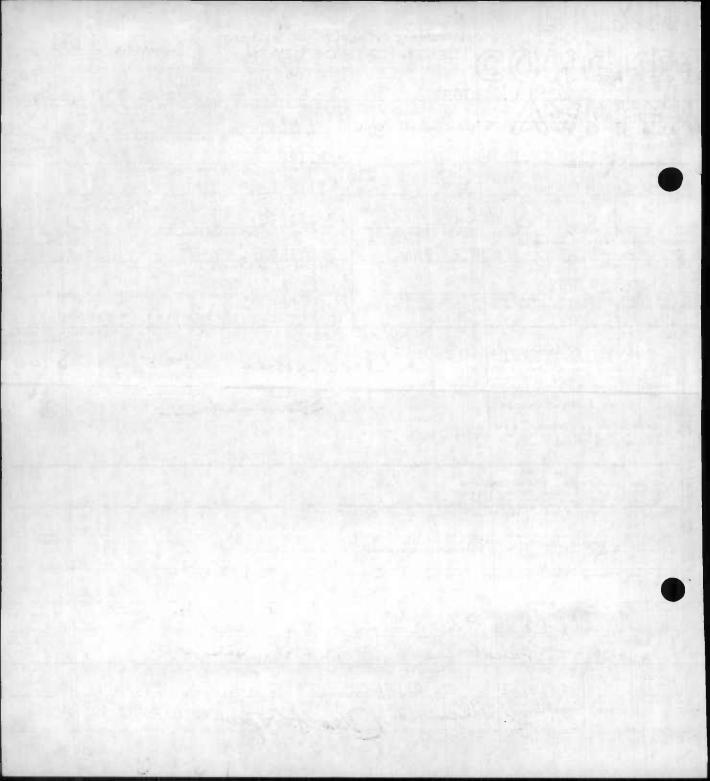
1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:

## CERTIFICATE OF DEATH

Registered No. 1394

2. DATE OF WILLIAM H. WRIGHT DEATH 2/12/57 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MARYLAND HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1118 LEADENHALL ST. BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. 118 LEADENHALL ST. gth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. MARRIED 3/8/1912 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? OYSTER SHUCKER BALTIMORE, MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WM. WRIGHT EMMA PROCTOR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. NO 118 LEADENHA 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or 2 IC. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK L AT WORK 15 D/to . 195/, that I last saw the 22. I hereby certify that, I attended the deceased from. deceased alive on 2 / 11, 19 of l, and that death occurred at 5 All m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED raucke 13 -)and M. D. 24A. BURIAL, CREMA-248. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) BURTAL MT. CALVARY A.A.COUNTY, MD. REGISTRARIA SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR Ja 150

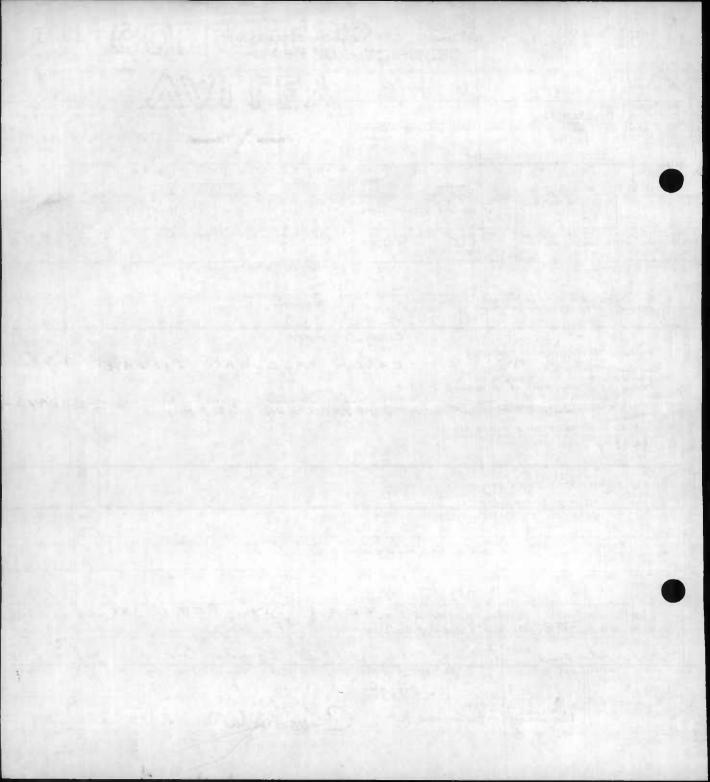


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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

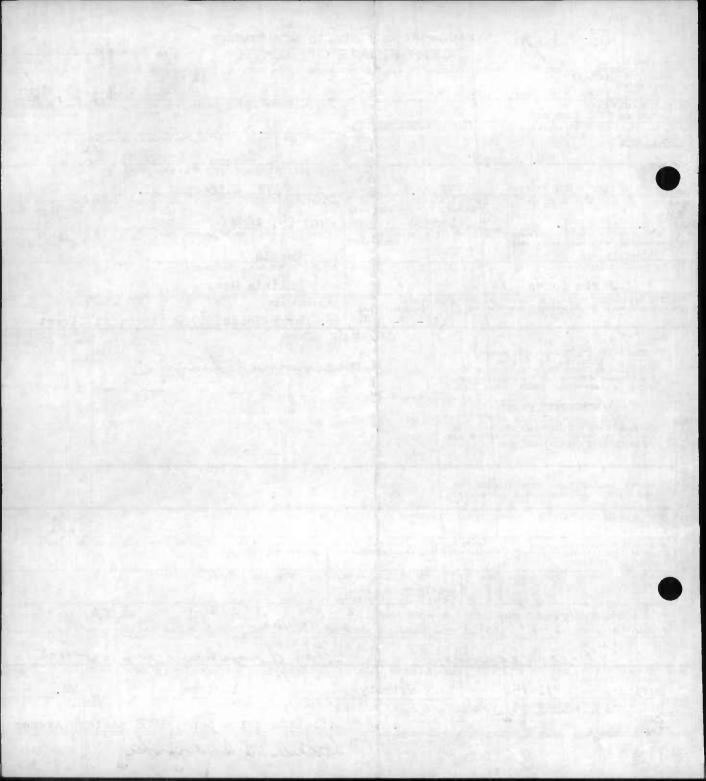
51. 1395 Registered No.

				CERTIFICA	IL	OF DEATH		Registere	u 110.	
	RTH NO.									
(T <sub>3</sub>	NAME OF D		RALPI	H WHEELER				2. DATE. OF DEATH	2/17	/51
	PLACE OF D Baltimore (	City, Maryland				4. USUAL RESIDENCE. STATE	CE (Whe			tution : residence before admission)
HC	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	al or instituti	on, give street addre locat		MD CITY OR TOWN	(If ou	tside corporate li	imits, wr	ite RURAL and give
	00)	626 W. MUI	BERRY	ST.		BALTIMO	DRE	17	-01	township
4					rs. I	STREET ADDRESS	S (If ru	ral, give location)	)	
c.		tay in Baltimore		rs D	ays		MULB	ERRY ST		
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Sp	ecify) 8	DATE OF BIRTH	9	<ol> <li>AGE (In years last birthday)</li> </ol>	Months:	
	M	C	WIDOV	VED		8/18/1872		78		
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OF		1. BIRTHPLACE (Stat	te or fore	ign country)		CITIZEN OF WHAT COUNTRY
V	AITER		RESTU			FLA.			TI.	S.A.
13	FATHER'S	NAME			1	4. MOTHER'S MAID	EN NAM	E		
		?				?				
15 (Yes	. WAS DECEASI	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY N	0. 1	7. INFORMANT			ADDR	ESS
	No	MO		218-07-3		Lillian	H. W	heeler5	19 N	. Carev St.
	18. Ur	2.1		CAUS	E OI	DEATH				INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY									ONSET AND DEATH	
	(This does not mean the mode of dying, e.g., (A) CARDIO VASCULAR DISEASE								2 YRS	
	heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO									
									5 PAYS	
PULMONARY UEDEMA								5 2.17 5		
0		S OR CONDITIONS, 1		G		•••••••••••••••••••••••••••••••••••••••		*********		••••••••••••••
AT	UNDERLY	TING CONDITION LA	ST.							
2				(C)	*********		***************************************	***************************************		
ERTIFICATION		- 11			1.40					
K		GIGNIFICANT CONDI								
Ū		ISEASE OR CONDITION								
기	19A. DATE C	OF OPERATION 0 1	9B, MAJOR	FINDINGS OF C	PERA	TION			2011	20. AUTOPSY?
O	214 ACCIE	ENT WAS UNDER-	218 PLA	CE OF INJURY (e	g in o	21c. WHERE DID	) (If i	in Baltimore Cit	v give	YES NO
MEDICA		R CONTRIBUTING	about home, f	arm, factory, street, office l	ldg., etc.	INJURY OCCUR?			, , , , , , , , , , , , , , , , , , ,	chaot location;
-	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCU	JRREC	21F. HOW DID IN	NJURY C	OCCUR?		
	INSURT		m.	WHILE AT NOT W						
	22. I hereb	u certifu that I att	ended the			B & 1961/1	to F	EB // 10	5/ th	at I last sam the
	deceased a	y certify that I att	1951	and that death o	carre	ed at 7 x Pm fr	rom the	causes and or	n the d	ate stated above
	23A. SIGNA	TURE		and that accent o	23	. ADDRESS	10110 0110	canoco ana o		C. DATE SIGNED
		lleam	TU	ey M. D.		7 - 0	ma	are		0/13/51
24 TIO	A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		C. NAME OF CEM	ETERY	OR CREMATORY 2	24b. LOC	ATION (City, to	wn, or co	ounty) (State)
	Burial	2/15/5	1	St. Peter	s C	emetery	Bal	to. Md.		
DA	TE RECEIVE	DAD	Collection PM I		13	5 FUMERAL DIREC	CTOR			DRESS
	Ant depos	MAR Plantition	Arr I'M	wanted, Alas	(	Gas Hast	51	2 N.Carı	roll	ton Ave
司	VS 150	24370	1 1 1							



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ВІ	RTH NO.			CLICITI TOAT	L OI DEATH		310	
1. NAME OF DECEASED (Type or Print) Supko, John						2. DATE OF DEATH Fe br	uarv 1	11 1051
	PLACE OF E	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission			
	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv.			
4/ St. Joseph's					Raltimore 2-03 township			
Yrs.					D. STREET ADDRESS (If rural, give location)			
c. Ength of stay in Baltimore 37 yr Days					1722 Aliceanna St.			
5. SEX 6. COLOR OR RACE		7. SINGLE, MÄRRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years)	t Under 1 Ye Months Da	ays Hours Min.	
10	Me We widowed  10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR				11. BIRTHPLACE (State or f		12 C1	TIZEN OF
worl	done during most	of working life, even if retired)		INDUSTRY		or cognition to an early		HAT COUNTRY
Unemployed WATCHMAN  13. FATHER'S NAME  A A A SELECTION OF THE SELECTION O					Russia  14. MOTHER'S MAIDEN NAME			
1(410/11/1								
Jakim Sobko					Malinia Usow			
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT ADDRESS				
			1.717	216-07-5095	Mr. Harry Sobke,	1722 Alicea	nna S	treet
CERTIFICATION	heart failt injury or DISEASE RISE TO 1	LEADING TO DEAT s not mean the mode of are, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA	f dying, e. g ns the diseas aused death  ES  F ANY, GIVIN STATING TH	(B)		onjul		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER.				RATION			
AL	198, MAJOR FINDINGS OF OPER				(ATTON			ES NO
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, galactic) INJURY OCCUR?							
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from 2 - \(\tau_19\)\frac{1}{10} \(\tau_2\)\rightarrow 19 \(\tau_1\)\frac{1}{10} and that death occurred at 3. 40 \(\tau_1\) from the causes and on the date stated above							
	23A. SIGNA		)		23B. ADDRESS	che causes ana on	23c.	DATE SIGNED
24 TI	A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	reco	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City tow	-	
	Burial	2/14/51		Holy Trinity	Elkr	idge		Md.
	ATE RECEIVE CAL REGIST		SSIGNATU	RELA, MA	M.F. Sadowski &	Sons, 1808 H	aster	
1- 17	VS 150		74	355	Skules De Sa	donski		47a



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4		51		1.397

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1397

BI	RTH NO.			CERTIFICATI	E OF DEATH	registered .	110.
=	NAME OF D	ECEASED			/	2. DATE	
(T	ype or Print)	MARY	H. SM.	ITH COVACEVIC	H DEBOY	OF Trel	11 1951
	PLACE OF D	EATH:			4. USUAL RESIDENCE (		institution: residence
		City, Maryland			A. STATE	B. COUNTY	before admission
	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	ion, give street address or location)	Md.	If outside components limit	ts, write RURAL and give
IN	STITUTION	906 S. Wol	fe Stre	et	·	inni staroq tos soistos in	township
_/	3-0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Baltimore		
				Yrs. Mos.	D. STREET ADDRESS (I		
		stay in Baltimore	70 yrs	Days	906 S. Wolfe		
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year   If Under 24 Hours on the Days   Hours   Min.
Fe	male	White	Widow	wed	June 24, 1874	76	
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
WOIS	Househo	of working life, even if retired)		INDUSTRY	Bavaria		WHAT COUNTRY USA
13	FATHER'S				14. MOTHER'S MAIDEN N	NAME	00%
	Taha	. II an Dawn					
15		VonDorn	rongras	10.000111	Unknown		
(Ye	, no or nnknown)	ED EVER IN U. S. ARMEI	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	-		1000	_	Mr. Anthony Cova	cevich, 906 S.	Wolfe Street
	18. 4 L	13 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION			2 2		L-
	(This does	LEADING TO DEA's not mean the mode of	ΓΗ of dving, e.g	" Cerel	ral Hemonh	oal	I house.
	heart failt	are, asthenia, etc. It mea complication which o	ns the discas	e,		1	
	***********			., 502 10		U .	
_		ANTECEDENT CAUS	ES	Confi	Vasa. Pa. U.	serlensine Des	iere 10 ms.
6	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)		PSLASHINALIAN 1899	and in the
Ē		THE ABOVE CAUSE (A)		E DUE TO	da a	4 , 1	
O				(c)	ruesseem	us)	10 yes.
CERTIFICATION	-	11					
岩	OTHER S	   SIGNIFICANT CONDI	TIONS CON		n.		
핖		G TO THE DEATH, BUT DISEASE OR CONDITION			Yealreles		20 yer.
				FINDINGS OF OPER	ATION		20. AUTOPSY?
A							YES NO
EDICAL	21A. ACCIE	DENT WAS UNDER-		CE OF INJURY (e. g., i		(If in Baltimore City,	
MED	LYING O	R CONTRIBUTING	about home, f	arm, factory, street, office bldg.,	ntc.) INJURY OCCUR?		
	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUF	RY OCCUR?	
			m,	WHILE AT NOT WHILE			
	22 I hamah	y certify that I att		1	mian, 1941, to T	Oh. 11 109	I that I last ones th
					red at 1.30 P. m., from		
	23A. SIGNA		_, 19.2		3B, ADDRESS	the causes and on t	23c. DATE SIGNED
	min		)	0	12 36 Rola:	· Paral	2/11/5/
24	A. BURIAL,	CREMA- 24B. DATE	alla	M. D.   P	RY OR CREMATORY 24D	LOCATION (City, town	or county) (State)
TIC	ON, REMOVAL (	Specify					, , , , , , , , , , , , , , , , , , , ,
_	Burial	2/15/5	) ]	Holy Redeemer		timore,	lad.
	ATE RECEIVE	RAR REGISTRAR	SSIGNATION	Charles Alex	25. FUNERAL DIRECTOR		ADDRESS
		1951		The state of the s	M.F. Sadowski &	Sons, 1808 Ea	stern Avenue
	VE PSO	) 130		The second of	1111 X		1
					XOKA. L. X	. Dadow	k. 61
					Thurs ?	1 2 0 6	

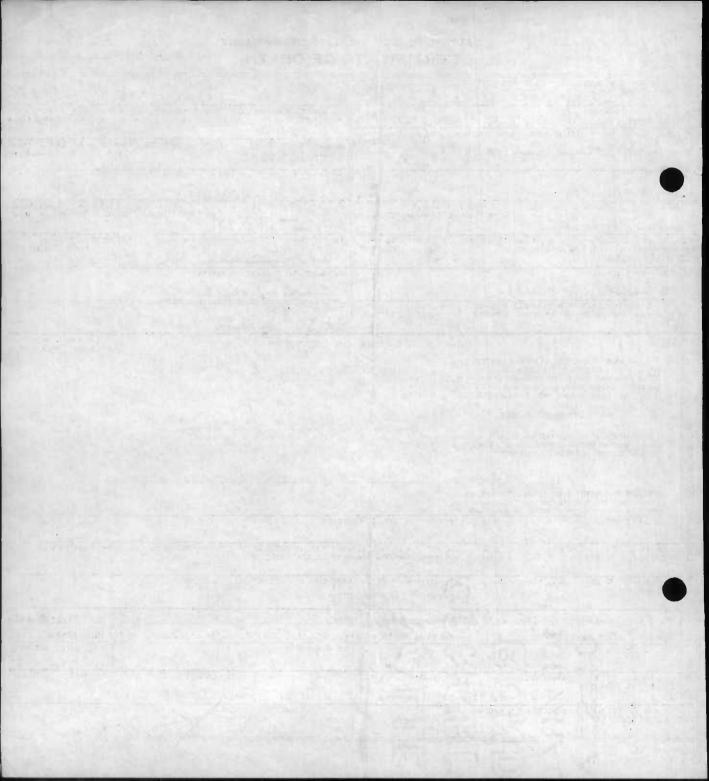
control de terminal and the same ME . J. S. R. E. IVALUES OF A P. P.

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1398 Registered No.

BIRTH NO.	ERIFICALI	E OF DEATH	registered it	0
1. NAME OF DECEASED ELIZABETH (Type or Print)	th. KEITH	Ī	2. DATE OF DEATH	11 1 1957
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION LITTLE SLATERS &	less LV n, give street address or location		(Where deceased lived, If B. COUNTY)  (If outside corporate limits	before admission)
c. Length of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (		
temole white sing	MARRIED, D. DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (In years) II	Under   Year   H Under 24 Hours   Min.
Month done during most of working life, even if retired)  Housework	DF BUSINESS OR INDUSTRY	10-alternos	es he	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME  2 harles A. Keutt  15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	14. MOTHER'S MAIDEN	lly	
(If yes, give war or dates of service)	none none	Little Side	s gits Par	DDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	(A) 6	oronary Im	ombosis	INTERVAL BETWEEN ONSET AND GEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		muo vo		96
TRIBUTING TO THE DEATH, BUT NOT RELATED  U TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION A 19B. MAJOR F	FINDINGS OF OPER	RATION		20. AUTOPSY?
Z1A. ACCIDENT, SUICIDE.  O HOMICIDE (Specify)  D about bome, far	E OF INJURY (e. g., i m,factory,street, office bldg.,	n or 21C. WHERE DID to.) INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
O. TIME (Month) (Day) (Year) (Hour)	IE. INJURY OCCURR ILE AT NOT WHILE AT WORK		RY OCCUR?	
	nd that death occur		the causes and on the	
23A. SIGNATURE Gell Hale 7 24A. BURIAL, CREMA- 24B. DATE   24	M. O.	38. ADDRESS ENG		23c. DATE SIGNED  7.06-12-195  or county) (State)
I TION DEMOVAL (Specify)	New Cathed	ral Cem. Bai	ltimore Md.	ADDRESS
LOCAL REGISTRAR	Signer 14,00	HENRY SANDER Baltimore Md		Baroles
LEBAR 3abop		/	8	940

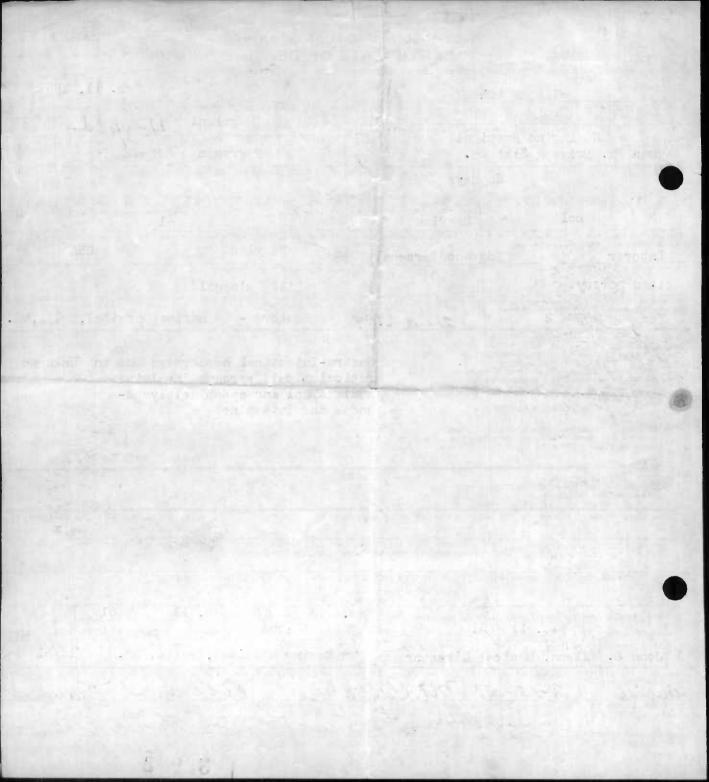


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

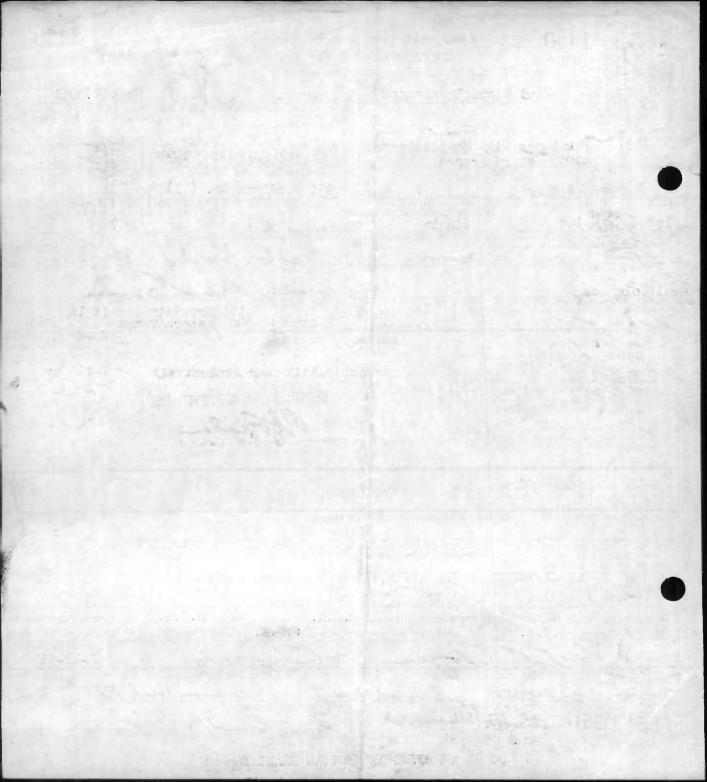
51. 1399 Registered No.

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) WILLIAM	DORSEY		of Feb.	11, 1951
B. FULL NAME OF HOSPITAL OR US Marine H	al or institution, give street address o	4. USUAL RESIDENCE (W	and B. COUNTY	before admission)
Wyman Pk. Drive & 31	st St.	c. CITY OR TOWN (III) Perryma	outside corporate lights, v LN	write RURAL and give township)
c. Hength of stay in Baltimore	55 days Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location)	200 2
5. SEX 6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	8. DATE OF BIRTH 9/5/09	9. AGE (In years If Um last birthday) Montl	der 1 Year If Under 24 Hours hs Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer	108. KIND OF BUSINESS OR INDUSTRY Edgewood Arsenal	11. BIRTHPLACE (State or for Maryland	reign country)   12	2. CITIZEN OF
13. FATHER'S NAME Allen Dorsey	C HEAT.	14. MOTHER'S MAIDEN NA Lilly Ringgo		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates Yes WW 2	of service) 16. SOCIAL SECURITY NO. 214-18-6179	17. INFORMANT		oress al, Balto, Md.
LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complete the mean injury or complete the mean the mode of the mean the mode of heart failure, asthenia, etc. It mean injury or complete the mean the mode of heart failure, asthenia, etc. It mean injury or complete the mean the mode of heart failure, asthenia, etc. It mean injury or complete the mean the mode of heart failure, asthenia, etc. It mean injury or complete the mean the mode of heart failure, asthenia, etc. It mean injury or complete the mean injury	r dying, e.g., (A) ret in the disease, aused death.) DUE TO med in the disease in	tro-intestinal hemiculum cell sarcom ia stinal and abdom es and intestine	na involving	o Unknown
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED  CAUSING IT			
7	98. MAJOR FINDINGS OF OPER		D. W. C.	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If etc.) INJURY OCCUR?	f in Baltimore City, give	e exact location)
ID. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK			
22. I hereby certify that I atte	. 1991 and that death occur	rred at 10:25 An., from th	te causes and on the	that I last saw the date stated above.
John L. Wilson, Med	ical Director M. D.	S Marine Hospital,	Balto, Md.	23c. PATE SIGNED 2/12/51
LOCAL REGISTRAR	24c. NAME OF CEMETE  5/ M. Calvi  S SIGNATURE		erclien	Marylend Duress Glace red
Vs 150	9709	4R	3 9 8	55E



1400 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 50-13604 Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Paul Michael Selepack Feb.12,1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Hospitals INSTITUTION ESSE) Baltimore 4940 Eastern Avenue Yrs. D. STREET ADDRESS (If rural, give location) Mos. 931 Woodlynn Rd. (21) c. Length of stay in Baltimore Davs 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. Male Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul Selepack 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANTBaltimore City Hospitals (Yes, no or unknown) SECURITY NO Records: 4940 EasternAvenue Mr. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1 Day (A) ... Bronchiolitis and Atelectasis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO CERTIFICATION APPROVED BY ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL YES X 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER. 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT . 19 to D.O.A. , 19 , that I last saw the 22. I hereby certify that I attended the deceased from D.O.A. deceased alive on D.O.A. 19 and that death occurred at 8:30am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) ZAC. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 114151 DATE RECEIVED BY REGISTRAR'S SIGNA 25. FUNERAL DIRECTOR ADDRESS VS 150

TO BE APPROVED BY MEDICAL EXAMINER



51 140i BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' 4lf outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS HTrura! wive location ) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (Lity cars | H Under | Year | H Under 24 Hours | Months Days | Hours Min. DATE OF WIDCWED, DIVORCED (Specify) caloni-IOA. USUAL OCCUPATION (Give kind of 1f. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dene during most of working life, even if retired INDUSTRY WHAT COUNTRY? 40003EL 13. FATHER'S NAME MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) ... SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHALED WHILE AT! AT WORK WORK deceased alive on 3 10, 19 /, and that death occurred at 1 m., 123A. SIGNATURE . 19 L. that I last saw the 4.m., from the causes and on the date stated above. 23C. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 25. FUNERAL DARECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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rot NEIN BALTIMORE CITY HEALTH DEPARTMENT 51 1402 Registered I CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give JOHNS MOPKINS MOSPITAL INSTITUTION (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, last birthday) Months Days Hours: Min. WEROWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF ng life, even if retired) INDUSTRY WHAT COUNTRY? ATHER'S NAME ( ) - (4)14 MOTHER'S MAIDEN NAME 15. WAS DECEASED VER IN U. S. ARMED FORCES? Yes, no or unknown) of yes, give warper dates of service) 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO WHIS HOPKINS HOSPITAL 6-05-033 hs. INTERVAL BETWEEN CAUSE OF DEATH 446 x ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Nephroscleros (This does not mean the mode of dying, e.g., (A) .... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL YES L 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING п CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE m. WORK AT WORK 22. I hereby certify that attended the deceased from . 13 1195 1, to . 19.5 /that I last saw the and that death occurred at M m., from the causes and on the date stated above. deceased alive on 195 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-248. DATE C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ON, REMOVAL (Specify) surul DATE RECEIVED BY FUNERAL DIRECTOR VS 150

PP 14 Bullenard July 

BALTIMORE CITY HEALTH DEPARTMENT 1473 Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR (If outside corporate limits, write RURAL and give JOHNS MOPKINS HOSPITAL INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under 1 Year hday) Months: Days Hours Min. IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State 10B. KIND OF BUSINESS OR or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INPUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1 homes 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH PNEUMOCOCCAL MENINGITIS 12 HIZS. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES , CA. OF PROSTATE & OBSTRUCTUS ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UROPATHY AND UZEMIA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK 5-11 , 1951, that I last saw the 5-11 1951 to 22. I hereby certify that I attended the deceased from\_ 656Pm., from the causes and on the date stated above. 19.51 and that death occurred at\_ deceased alive on 2-11 23A. SIGNATAIRE 23c. DATE SIGNED 24A. BURIAL CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL DATE RECEIVED BY REGISTRAR'S SIGNATURE EUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

PLEUMDEDELAC MENINGITIS 1. . . . . En all white a country to the CREATER LAND CREEN A 1 YE. In apply 1600 

BALTIMORE CITY HEALTH DEPARTMENT 1404 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) MARY JANDA DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence MARYLAND B. COUNTY A. Baltimore City, Maryland before admission B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION 834 N. CHAPEL ST. township SALTIMORE Yrs. (If rural, give location) Mos. igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (in years) If Linder 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours: Min SINELE 46 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? BALTIMORE NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANTHONY JANDA BARBARA FLORIJANER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or nnknown) SECURITY NO. SYKORA 834 N-CHAPEL CAUSE OF DEATH 18. ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., W CHRONIC NEPHRITIS heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ADCITES. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ū 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218 PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from JUNG to 2-10, 1911, that I last saw the deceased alive on 2 1951, and that death occurred at 2. m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TON REMOVAL (Specify) 24. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24B. DATE BURIAL DEEMER BALTIMORE MD RECEIVED BY

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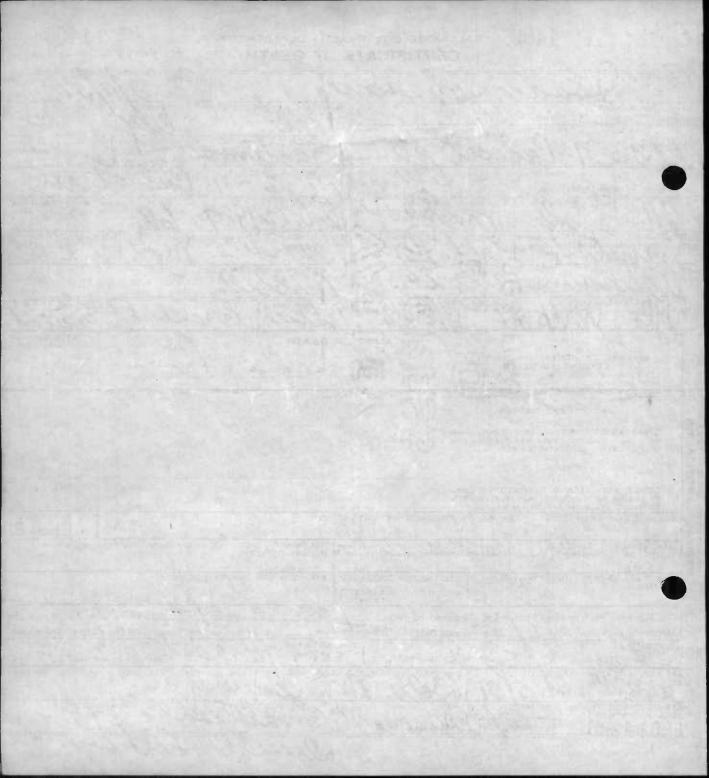
. V . V - A The second second A RESPONDENCE from a granded in the land the beautiful and 

1405 on a A home BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASE 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS MOPKINS HOSPITAL township) PDRESS (If rural, give location Vro. Mes. sength of stay in Baltimore Days 6 COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (1) years | f Under | Year | f Under 24 Hours | Last birthday) | Months | Days | Hours | Min. WIDOVED, DIVORCED (Specify) 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekindof) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Domestic MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SIMON HAMMOND WAURA 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. ROPKINS HOSPITAL NO VONE 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Probable Brain metastare awks heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ridumoed Carcinoma cerver 10 mes RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ...... Bilateral hydronephiocis 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Tumor metastases to peluce organs TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21a. ACCIDENT WAS UNDER INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from ..... 1957, to . 19-1 that I last saw the deceased alive on \$ 20. 1/19 51. and that Leath occurred at 3 - Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED augroun 1 M.D. 24A. BURIAL, CREMA-248, DATE 24C. NAME OF EMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) md. Noodville FREDERICK DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR VS 150

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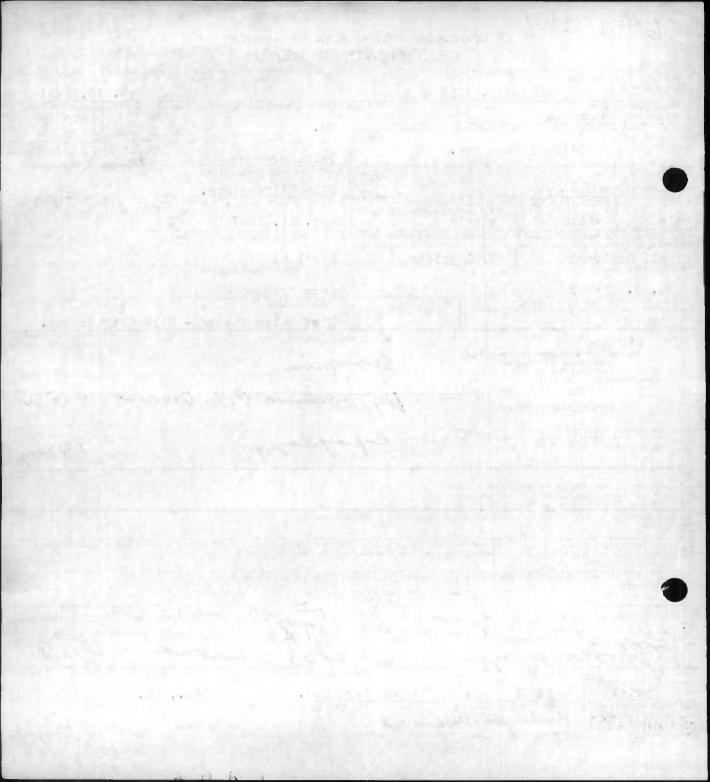
51 1406 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased Aver. If i stitution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COLINE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or CHTY OR TOWN (if outside corporate amits write RUHAL and give (quiship) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 5. SEN 6. COLOR OF RACE Il Under I Year If Under 24 Hours DOWED DIVORCED (Specify) last birthe Months Days Hours Min. 10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 108 KIND OF BUSINESS OR BIRTHPLACE (State on foreign country 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, D. or daknown) (1900 style) or day of fervice) ADDRESS 7. INFORMANT INTERVAL BETWEEN CAUSE OF DEATH 63 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 NO A EDIC 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK . 1907, that I last saw the 22. I hereby certify that I attended the deccased from 2 19 57, to. . 1951, and that death occurred at deceased dire on m., from the causes and on the date stated above. 23A, SIGNATURE . 238. ADDRESS 23c. DATE SIGNED et-14-07 AA BURIAL CREMA 24 LOGATION (City, town, or county) 248 DATE FUNERAL DIREC ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 1.407

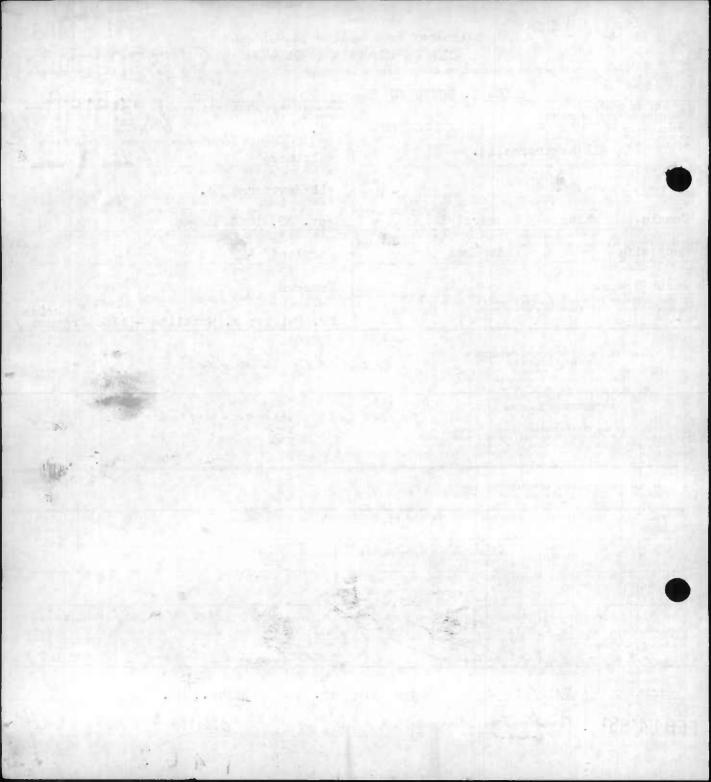
BIRTH NO.	CERTIFICATI	E OF DEATH Registered	110.
1. NAME OF DECEASED		2. DATE	
(Type or Print) WILLIAM	H. ZIEMER	OF DEATH FOR	. 13, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	
	institution, give street address or	Md.	before admission)
HOSPITAL OR	location)		its, write RERAL and give
3115 Clifton	n Ave.	Baltimore	5. ( Otownship)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Ingth of stay in Baltimore	Mos. Days	3115 Clifton Ave.	
5. SEX   6. COLOR OR RACE   7.	SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years)	Il Under 1 Year   It Under 24 Hours
	WIDOWED, DIVORCED (Specify)	Oct. 11, 1887   last birthday)   M	lonths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10)	B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	1 12, CITIZEN OF
rork doseduring most of working life, even if retired)	INDUSTRY		WHAT COUNTRY
Self Employed 1	Real Estate	Maryland 14. MOTHER'S MAIDEN NAME	
Wm. N. Ziemer		Dora Tropman	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES?   16. SOCIAL rvice)   SECURITY NO.	17. INFORMANT	ADDRESS
no		Miss Helen Ziemer - 3115 Cl	lifton Ave.
18. 443×	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY /		ONSET AND DEATH
(This does not mean the mode of dy	ing a g	enua	
heart failure, asthenia, etc. It means the	e disease,	•	
injury or complication which cause	d death.) DUE TO	Denino C. U. Discor	P 4.55%
ANTECEDENT CAUSES	HTIL		, , ,
DISEASES OR CONDITIONS, IF AN	(B)		***************************************
RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.	TING THE DUE TO COR	oplex	111.00
O CONTRACTOR OF THE CONTRACTOR	(C)		14/2
			70
OTHER SIGNIFICANT CONDITION			
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL			
194. DATE OF OPERATION   198.	MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
V			YES NO
	1B. PLACE OF INJURY (e. g., in ut home, farm, factory, street, office bldg., e		give exact location)
LYING OR CONTRIBUTING About CAUSE OF DEATH	at nome, tal m. lactor y, stiffet, omce mag.,	INSORT OCCURT	
21D. TIME (Month) (Day) (Year) (Hot	ar)   21E, INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
INJURY	WHILE AT NOT WHILE		
	m.   WORK L AT WORK L		50
22. I hereby certify that I attend	ed the deceased from	10 7 , 10	that I last saw the
deceased alive on the 13 719	5 and that death occur		
23A STBNATURE	2	3033 Whostus	23c DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		RY OR CREMATORY 24D. LOCATION (City, town	n, or founty) (State)
Burial   2/15/51	Loudon Pa		
DATE RECEIVED BY REGISTRAR'S SI		25 FUNERAL DIRECTOR	ADDRESS
FEBRE 41951 1 hander of	r / Manue, / fell	Jam. I schner Von	18- Callo,
VS 150	The state of the s	1	ma
	4727	U	920
	1/0/	7	12/



### CERTIFICATE OF DEATH

51 1.408

BIRTH NO.	CERTIFICATE	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	ICE G. GOTTLING	2. DATE OF DEATH Feb. 13, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence  A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION 411 Hawthorn	l or institution, give street address or location)	c. CITY OR TOWN (If outside corporate himits, write workAL and give township)
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 411 Hawthorne Rd.
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9. AGE (In years of Binder I Year last birthday) Sept. 30, 1864 86  9. AGE (In years of Binder I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSOWITO	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Jacob Shamer		Unknown
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16, SOCIAL SECURITY NO.	Mr. Phillip F. Gottling - 1105 Argonne /
DISEASE OR CONDITION E LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS  OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19	OIRECTLY H dying, e. g., s the disease, used death.)  ES  ANY, GIVING STATING THE  TIONS CON- HOT RELATED	ATION  INTERVAL BETWEEN ONSET AND DEATH  Jeanvell  Jeanvell  20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., In about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If in Baltimore City, give exact location)
ZID. TIME (Month) (Day) (Year)	m. WHILE AT NOT WHILE	
22. I hereby certify that I attendeceased alive on Feb. 12 23A. SIGNATURE	, 195/. and that death occur	2, 1944, to Feb. 12, 1954, that I last saw the red at m., from the causes and on the date stated above.  33. ADDRESS  Markharch Cff 2-13-51
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 2/15/51 DATE RECEIVED BY LOCAL REGISTRAR FFB 14195	Loudon Park	
VS 150	0.5	1000140783a Md.



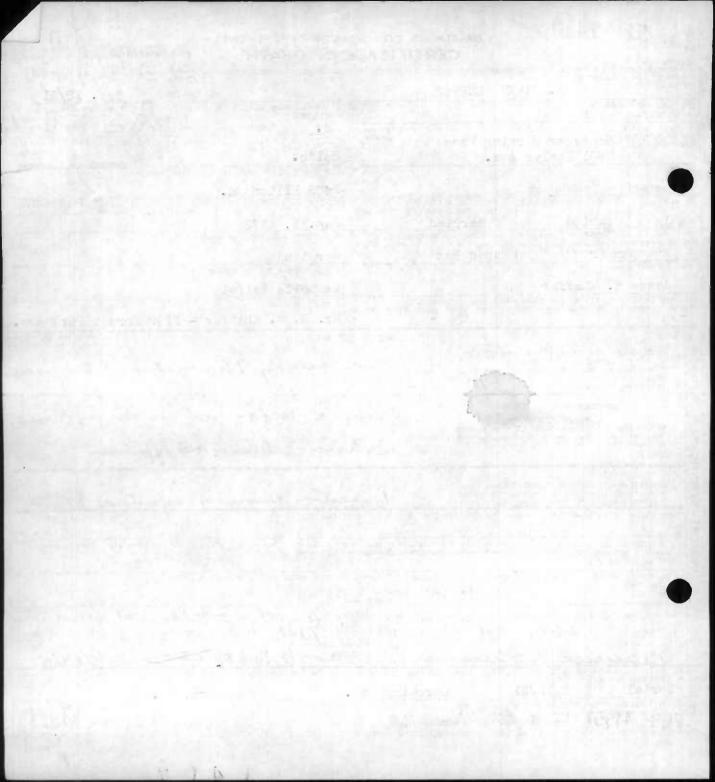
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1409

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print)	iam H. Dors	ett	2. DATE OF Feb	12,1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If i B. COUNTY	nstitution : residence before admission
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION) 6/9E/19	tal or institution, give street address or location)  Mont 57.		outside corporate limits	write EURA, and give township
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If		
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 23, 1898	9. AGE (in years) #	Under 1 Year   If Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Foreman Relay Shop	108. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or for Maryland		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N Eva Hamilton	AME	
William Doroett  15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give wer or dete	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary M. Doi		DRESS
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which  ANTECEDENT CAUS  DISEASES OR CONDITIONS, INSEE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA  OTHER SIGNIFICANT COND TRIBUTING TO THE OEATH, BUT	TH  of dying, e. g., ans the disease, caused death.)  DUE TO  SES  (B)	Coronary Di	sedte	ONSET AND DEATH
TO THE DISEASE OR CONDITION	CAUSING IT.			
ISA. BATE OF OF ELIATION	98, MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH.			f in Baltimore City, gi	ve exact location)
E 21D. TIME (Month) (Day) (Year, F INJURY	(Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
the evidence obtained by and death in my opinion	rge of the remains described a said Autopsy, Inspection or I resulted from: natural eauses	Autopsy, and that said do	Inspection or Inquiry eceased died on the , homicide , un  EXAMINER	
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	.D.   MEDICAL INVESTIGAT RY OR CREMATORY   240. L	OCATION (City, town,	or county) (State)
Burial 2/16/51  DATE RECEIVED BY REGISTRAR LOCAL REGISTRAD FEB 4 951	S SIGNATURE	25. RUNERAL DIRECTOR	Moodlawn, Md	ADDRESS
V S 151	523	50	94a/3	weto bld.

#### CERTIFICATE OF DEATH Registered No. BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			OLIVIII IOAII	L OI BLAITI	8.41	
1. NAME OF I	DECEASED				2. DATE	
(Type or Print)	A. HAR	RY SHEE	FER		OF DEATH	Feb. 12/51
3. PLACE OF I	City, Maryland			4. USUAL RESIDENCE (	Where deceased live	d. If institution : residence
B. FULL NAME		al or institut	ion, give street address or		B. COUNTY	before admission)
HOSPITAL OR	Kennesaw Nur	sing Ho	me location)		If outside corporate	imits, write RVRAL and give
61	2601 Roslyn			Balto.	1 4	township
			Yrs.	D. STREET ADDRESS (I	f rural, give location	1)
ength of s	stay in Baltimore		Mos. Days	3405 Hilton Rd.		
5. SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	s   H Under 1 Year   H Under 24 Hours
male	white		/ED, DIVORCED (Specify)	Inn 7 1077	last birthday)	Months Days Hours Min.
10A. USUAL OC	CUPATION (Give binde)	100 KINE	ried OF BUSINESS OR	Jan. 3, 1873 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
work done during most	of working life even if retired)		INDUSTRY	21	ioreign country)	WHAT COUNTRY
13. FATHER'S	n (rtd)	Paper	DOX	Maryland		
				14. MOTHER'S MAIDEN	IAME	
	W. Sheffer			Isabelle Keifel		
(Yee, no or unknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
••			-	Mr. J. W. Sheff	fer - 3909 I	Forest Park Ave.
Z DISEASE RISE TO TUNDERL' UNDERL' UND	SE OR CONDITION LEADING TO DEAT soft mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA  BIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE OR CONDITION	TH if dying, e. g. fis the diseas aused death SES  F ANY, GIVIN STATING TH. ST.  TIONS CON NOT RELATE CAUSING IT	(B) Cluro (C) Orl	irio-solvas	endoloide is nich Lype	
19A. DATE (	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		YES NO
= 21A. ACCIE	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA about home, f	CE OF INJURY (e. g., is arm, factory, street, office bldg., e	a or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore Cit	ty, give exact location)
21D. TIME INJURY	(Month) (Day) (Year)	,	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
22. I hereb	y certify that I att	ended the	deceased from W	ey 17, 1950/to	Zeb. 12, 11	957, that I last saw the
	live on 74.8			red at 7:25 P.m., from	the causes and a	n the date stated above
23A. SIGNA		Than	2	3B. ADDRESS 3300 M. Poul	to an.	23c. DATE SIGNED
24A. BURIAL, TION, REMOVAL (S Burial	CREMA- 248. DATE		Lorraine Cem		LOCATION (City, to	own, or county) (State)
DATE RECEIVE				25 FUNERAL DIRECTOR	clever +	lay = Valto
VS 150		9				mi.

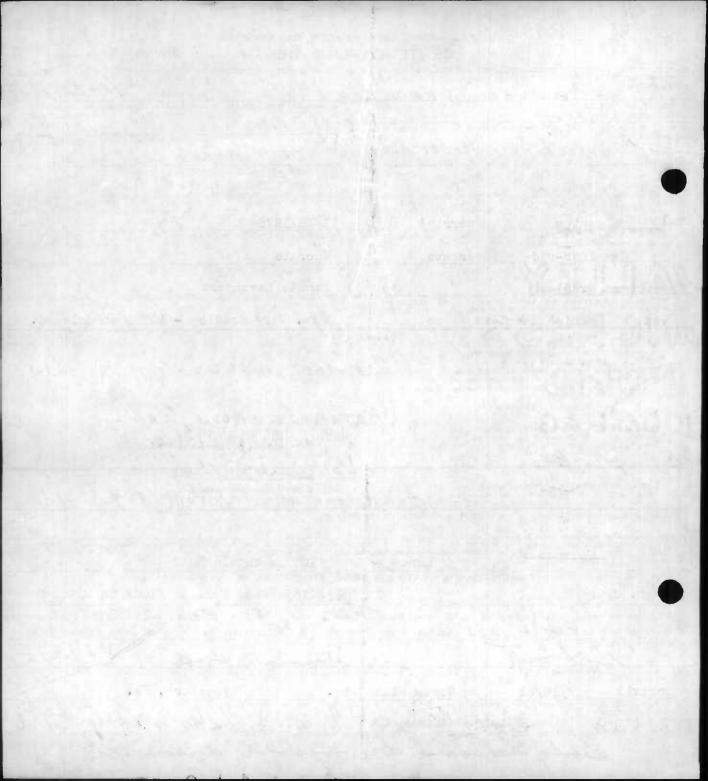


BIRTH NO. 1. NAME OF DECEASED (Type or Print)

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1411

Registered No. 2. DATE OF DRA.DLE DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, rite RURAL and give INSTITUTION HOS8ITAL UNIVERSITY township) DALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. BEECHDALE ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. male 11/30/1876 married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Examiner-rtd Insurance Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Bradley Fannie Davenport 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Spanish American Mrs. Mary Bradley - 107 Beechdale Rd. Ves INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ORONARY OCCLUSION (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HRTERIOSCLE ROSIS DISEASES OR CONDITIONS, IF ANY, GIVING CERTIFICATION APPROVED BY RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST, (C) .... RTI 11 OTHER SIGNIFICANT CONDITIONS CON-CHIEF OR ASST. MEDICAL EXAMEN TRIBUTING TO THE DEATH, BUT NOT RELATED INTERTRICHANTERIC FRACTURE TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUT EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING A Home 107 Beechdale Road ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY eb. 2, WHILE AT NOT WHILE Slipped and fell to floor in kitchen WORK 22. I hereby certify that I attended the deceased from Feb. 2, 1951 to Feb. 12, 1951 that I last saw the deceased alive on Fal- 12, 1951, and that death occurred at 1 5 m., from the causes and on the date stated above, 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY / 24o. LOCATION (City, town, or county) 248. DAT Removal 2/15/51 Green Hill C em. Waynasboro, Pa. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DARECTOR ADDRES LOCAL REGISTRAR 4195



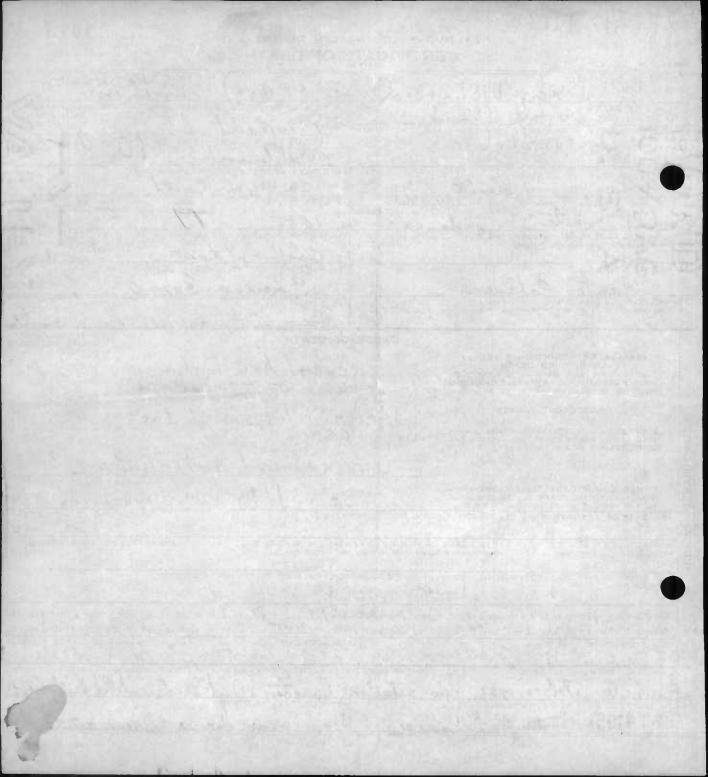
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The stay in Baltimore  5. SEX  6. COLOR on RACE  7. SINCLE. MARRIED  WINDUSCON  WINDUSCO	1. (T)	NAME OF D ype or Print)  PLACE OF D  Baltimore (  FULL NAME	EATH: City, Maryl	land		n, give street a	ddress or	MARY / AM	VD	OF DEATH A here deceased liv B. COUNT	TY A I	before a	dmission)
10. SUNAL OCCUPATION (Gire kinded) TOE, KIND OF BUSINESS OR INDUSTRY PRIVATE  11. BITTHFLACE (State or foreign country)  12. FATHERS NAME  13. FATHERS NAME  14. MOTHER'S MAIDEN NAME  15. MAS DECERSED EVER IN U. S. ARNED FORCES? (New or wathorm)  16. SOCIAL (View or wathorm)  17. INFORMANJ  18. A C DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., learning the partial or the Above Cause (A) STATING THE DUE TO THE DISEASE OR CONDITION LAST. (C)  18. ANTECEDENT CAUSE  19. DISEASE OR CONDITIONS, IF ANY, GIVING UNDERCYLY (C)  19. DISEASE OR CONDITION LAST. (C)  19. DISEASE OR CONDITION I 19. MAJOR FINDINGS OF OPERATION  19. DISEASE OR CONDITION LAST. (C)  20. AUTOPSY?  19. DATE SIGNIFICANT CONDITIONS CONTRIBUTION LAST. (C)  21. ACCUDENT WAS UNDER.  21. PLACE OF INJURY (a.g., in or 12.1C, WHERE DID LAST, give exact location)  19. DATE RIBUTING:  22. AUTOPSY?  22. I hereby certify that I attended the deceased from lasted deceased aline on the last stated above cases  (A) and that death obcurred at 2 fee, m., from the causes and on the date stated above cases. (B) Last Model of the last stated above cases. (B) Last Model of the last stated above cases. (B) Last Model of the last stated above cases. (B) Last Model of the last stated above cases. (B) Last Model of the last stated above cases aline on the date stated above cases. (B) Last Model of the last Stated above cases. (B) Last Model of the last Stated above cases. (B) Last Model of the last Stated above cases. (B) Last Model of the last Stated above cases. (B) Last Model of the last Stated above cases. (B) Last Model of the last Stated above cases. (B) Last Model of the last Stated above cases. (B) Last Model of the last Stated above cases. (B) Last Model of the last Stated above cases. (B) Last Model of the last Stated above cases. (B) Last Model of the last Stated above cases. (B) Last Model	/ c.	422. 1 Ogth of s	tay in Balt	imore	7. SINGLE.	O VEARS MARRIED.	Mos. Days	BAITIN D. STREET ADDI 1422 M	MORE RESS (If r	ural, give location A	on)  JE.,  ars if Under	1 Year   If Ur	township
18.   18.	13	MAIL FATHER'S I	of working life, even	en if retired)	PRIVI	OF BUSINESS		PHILADE	1PHI	9. PA.			
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21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on the deceased from deceased alive on the quality of the stated above 23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  24A. BURIAL. CREMA 24B. DATE  110N, REMOVAL (Specify)  24D. LOCATION (City, town, or county)  24D. LOCATION (City, town, or county)  25. FUNERAL DIRECTOR  ADDRESS  VS 150  VS 150	CERTI	TRIBUTING TO THE D	GIGNIFICAN TO THE DEA ISEASE OR CO	T CONDITI ATH, BUT NO CONDITION C	OT RELATED		F OPER	Tienl					
deceased alive on Set 9, 1951, and that death occurred at 2 1/2, m., from the eauses and on the date stated above 23A. SIGNATURE  23B. ADDRESS  23B. ADDRESS  24D. LOCATION (City, town, or county)  25D. FUNERAL DIRECTOR  ADDRESS  25. FUNERAL DIRECTOR  ADDRESS  VS. 150  VS. 150		LYING OCAUSE OF	DENT WAS L R CONTRIBU DEATH (Month) (Da	UTING [	Hour) 2	1E. INJURY C	OCCURRE	ED 21F. HOW D	ID INJURY	OCCUR?		exact locat	tion)
DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  Wm. A. JACKSON - 9/6 PENNA. AUE,  VS 150  VS 150	24 TIC	deceased a	live on Se	wy ,	195 (.a	nd that dear	th occur	red at 2 96, 1 38. ADDRESS 1427 Mus	n., from the	Chile DCATION (City,	on the d	ate state 3c. DATE 2:/35	d above
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1413 Registered No.

В	RTH NO.	8-11-6-8		CERTIFICATI	E OF DEATH		
	NAME OF Di ype or Print)	Jennie	Dist	efano De:	STEFFAN	DEATH 13,	
	PLACE OF DE Baltimore C	EATH: City, Maryland	3 altem	ana.	4. USUAL RESIDER	B. COUNTY	If institution: residence fore admission)
В.	FULL NAME	OF (If not in hospi	tal or instituti	on, give street address or location)	Manyla	if outside corporate in	Ms, wright Lucan and give
IN	STITUTION	Venthor Chap	Lodge	10.	C. CITY OR TOWN	(11 outside corpuratori	township)
1	3 20	S. Cimp	180110	Yrs.	D. STREET ADDRES	S (li rural, give location)	
c.	Length of st	tay in Baltimore	about	5/400 Mos.	926 W	abb Court	
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years, last birthday)	Months Days Hours Min.
<u>Q.</u>	emale	while	nus	Carled OF	18/3	ate or foreign country)	12. CITIZEN OF
work	done during most o	CUPATION (Give kind of f working life, even if retired	) IOB. KIND	INDUSTRY	PIO	1 A	WHAT COUNTRY?
13	FATHER'S N				14. MOTHER'S MAI	DEN NAME	In.s.a
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(Yes	. WAS DECEASE , no or nnknown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	9	ADDRESS
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	heart failu	re, asthenia, etc. It me complication which	ans the diseas	e, , , , ,		temislegia	of Alter
	mjury or	ANTECEDENT CAU		4			,
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	INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I at	tended the	deceased from	sh1.4 , 1950	, to Feb. 13, 19	51, that I last saw the
	deceased al	live on tcb 13	, 1951.	and that death occu	rred at 1,051 m.,	from the eauses and on	the date stated above.
	23A. SIGNA	TURE W.	Brile	111	2030 W.	taythe of	23c. DATE SIGNED
2.	4A. BURIAL, (	CREMA- 24B. DATE		M. D.   24C. NAME OF CEMETE		· · · · · · · · · · · · · · · · · · ·	wn, or county) (State)
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0	ATE RECEIVE	D BY   REGISTRAF	'S SIGNATI	IRE	25. FUNERAL OTRE	CTOR	ADDRESS
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O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE! WORK AT WORK

22. I certify that I took charge of the remains described above, held an 💆

24c. NAME of CEMETERY OR CREMATORY 24o. LOCATION (City, town, or county)

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER ..... 236. DATE SIGNED ASSISTANT MEDICAL EXAMINER ..... MEDICAL INVESTIGATOR.

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE

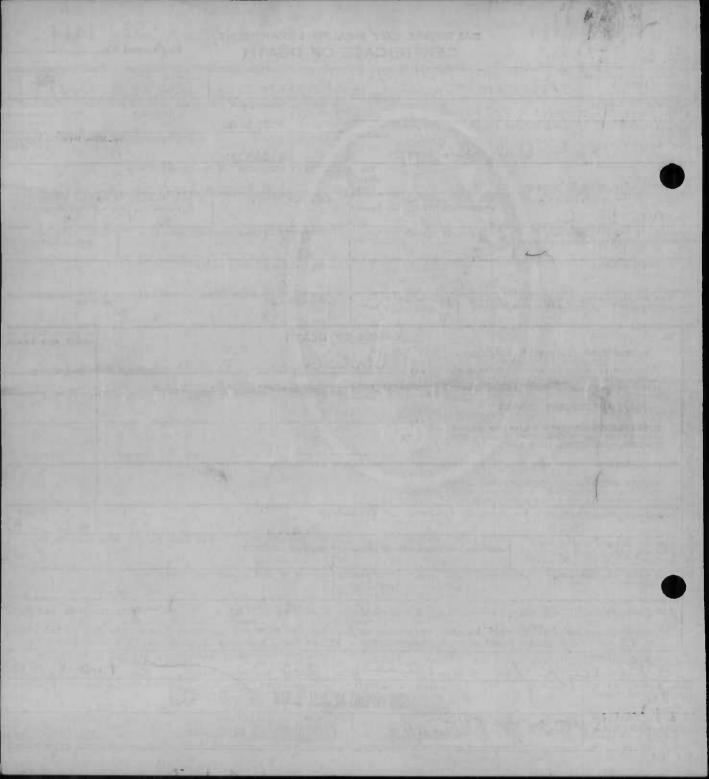
DATE RECEIVED BY BECISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

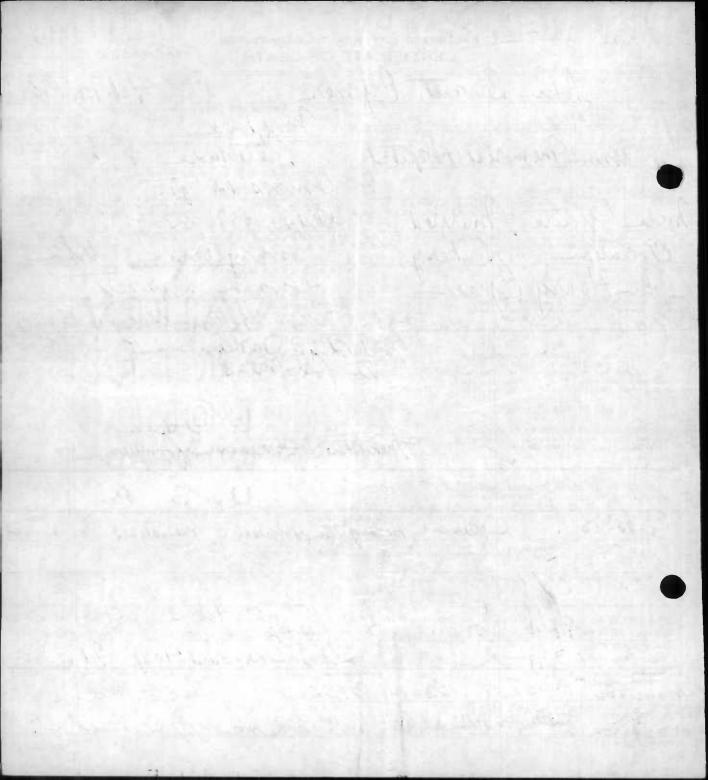
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1.	NAME OF DECEASED CONTROL OF PRINTS	mon	2. DATE OF	12 /957
	PLACE OF DEATH: / Baltimore City, Maryland	4. USUAL RESIDENCE (WI	DEATH And A line deceased lived. If institute B. COUNTY	itution: residence before admission
HC	FULL NAME OF (If not in hospital or institution, give street address or opening of the control o		outside corporate limits, w	
det.	Mucon Memore I Horfelal	D. STREET ADDRESS (If ro	ural-give location)	township
	Days Mos. Days	ambasasadot	apps.	
h	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years If Inder last hirthday) Months	
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13.	FATHER'S NAME	14. MOTHER'S MAIDEN NA.	ME CONTIN	
15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MFORMANT	ADDR	ESS
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	DISEASE OR CONDITION DIRECTLY	THE CONCIN	uma of	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	. Jananari		
7	ANTECEDENT CAUSES		OVEN HOLE	
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Σ	O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT WORK NOT WHILE AT WORK		occur?	
	22. I hereby certify that I attended the deceased from	1957 to Tel	13 , 19 57 th	at I last saw th
	deceased alive on 12, 19 and that death occu	rred ati 2: 35 m., from th	e causes and on the d	at I last saw th atc stated above
24	deceased alive on 19 1. and that death occu  234, SIGNATURE  M. D.  A. DONTAL, CREMA- 24B. DATE  M. REMOVAL (Specify)  24C. NAME OF CEMETE  M. REMOVAL (Specify)	rred atid 15 pm., from the 23B. Appress human	e causes and on the d	atc stated above
	deceased alive on 13, 19 1. and that death occu  234 SIGNATURE  M. D.  14. CREMA- 24B. DATE  M. REMOVAL (Specify)  15 15 1	rred atid 15 pm., from the 23B. Appress human	e causes and on the d	atc stated above
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B	IRTH NO.			CERTIFICAT	E OF DEATH	Registered No	0
1.	NAME OF D			1		2. DATE OF	
3.	PLACE OF D	EATH:	nry	Lenz	4. USUAL RESIDENCE (	Where deceased lived. If in	stitution: residence
A.	Baltimore (	City, Maryland	Balte	- CITY	A. STATE	B. COUNTY	before admission)
H	FULL NAME	OF (If not in hosp	ital or institutio	on, give street address or location)	c, CITY OR TOWN (1	f outside corporate limits,	write RULAL and give
1	ISTITUTION	4106 NOT	houn F	Kwy.	BOITA	CITY L	township)
		770077		Yrs.	D. STREET ADDRESS (I	rural, give location)	
c.	Length of s	tay in Baltimore	L	fe Mos.	4106 NorTh	ern Parkwa	V
5.	SEX	6. COLOR OR RAC		MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH		ths; Days Hours Min.
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1 C	A. USUAL OC	CUPATION (Give kind of working life, even If retire	of 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF WHAT COUNTRY?
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13	FATHER'S	NAME		gavent	14. MOTHER'S MAIDEN N	NAME	
	Chy	islian L	en2				
(Ye	o, mo or nnknown)	ED EVER IN U.S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
	MO				Mrs. Marie. h	en7	
	18. 42	0.1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION		)	MAL	11	1 1da
	(This does	s not mean the mode are, asthenia, etc. It m	of dying, e.g.	(A)(Q/	ownay	minon	4 140/
	injury or	complication which	caused death.	) DUE TO		11	
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ER	TRIBUTIN	SIGNIFICANT CON	T NOT RELATE	D			
		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
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EDICAL	21A. ACCIDI	ENT. SUICIDE, (Specify)	21B. PLA	CE OF INJURY (e. g., i		(If in Baltimore City, gi	ve exact location)
ME							
7	ID. TIME	(Month) (Day) (Yea	r) (Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR1	Rolpha Maril
			m.	WORK NOT WHILE			
	22. I hereb	y certify that I a	ttended the	deceased from		ter- 15ch, 195	
	deceased a	live on Fr 10	, 1951. 0	end that death occur	rred at 8 Am., from	the causes and on th	e date stated above.
	23A. SIGNA	TURE	Mark	uson ?	23B. ADDRESS Race	elea com	23c. DATE SIGNED
2.	4A. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE	12	4c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
TI	13	12//0/	-1	BaITO. C		Balto	nd
D	ATE RECEIVE	D BY   REGISTRA	R'S SIGNATU		25. FUNERAL DIRECTOR		ADDRESS
L	CAL REGIST	RAR Phonesis	1 days 71/42	and All	Langelow France	Lal Home 7451	Blain Rd
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

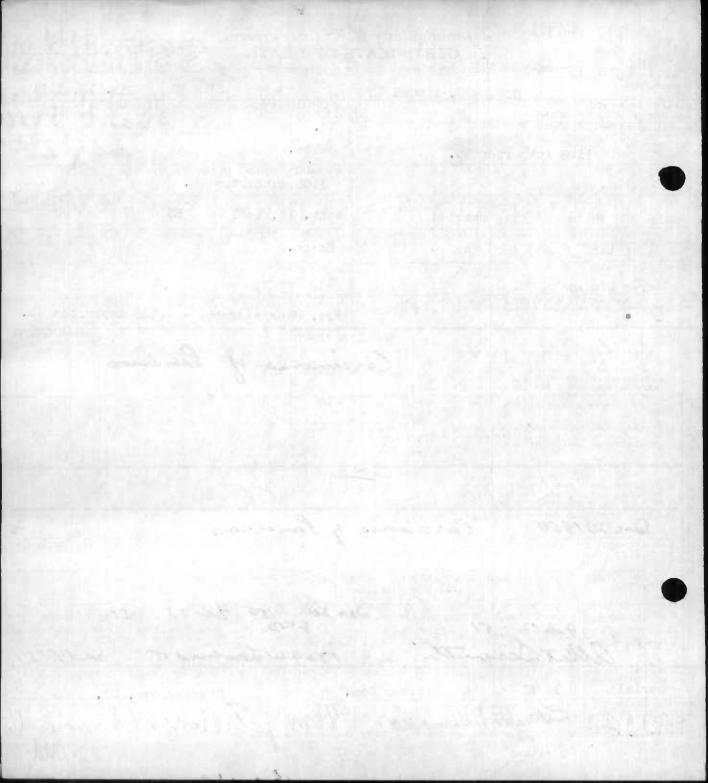
51 1418 Registered No.

В	IRTH NO.	E OF DEATH	1 100 1100 1100
1.	NAME OF DECEASED Type or Print)	2. DATE 0F 1/1	0/-/
3	PLACE OF DEATH:	DEATH A 14. USUAL RESIDENCE (Where deceased lived, If in	0/3/
	Baltimore City, Maryland	A. STATE B. COUNTY	before admission
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR		la
	ISTITUTION CHARLES MEMORIAL HOUSE	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give
1	33 vol 4 Calsent	D. STREET ADDRESS (If rural, give location)	16
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	SEX   6.COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) # U	Index 1 Year   If Under 24 Hours
	WIDOWED, DIVORCED (Specify)	12/7/19/1 last birthday) Mon	ths Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
wor	k done during most of working life, even if retired) INDUSTRY	Battian and	WHAT COUNTRY
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	OSA
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(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, after war or dates of service)  (If yes, after war or dates of service)  SECURITY NO.	17. INFORMANT AD	DRESS
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	700 /	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	col . Dala name alia -	
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	chopNeumonia-	
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	petes mellitus	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	reses ineriros	***************************************
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CA	UNDERLYING CONDITION LAST.	179	****
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	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
CA	7		YES NO
EDI	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office hidg., e	n or 21C. WHERE DID (If in Baltimore City, givetc.) INJURY OCCUR?	ve exact location)
M	CAUSE OF DEATH		
F	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE		
	m. WHILE AT NOT WHILE		
	22. I hereby certify that I attended the deceased from 1-	3- ,1951, to 2-13- ,1951	that I last saw th
	deceased alive on 2-13-51, 19 and that death occur		
		3B. ADDRESS	23c. DATE SIGNED
_	Trancis Hansell Wall M.D.	lum memorial NOSP	2-13-51
71	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER		r county) (State)
	burial 2/15/51 Greenmount Cen	m. Ealtimore, Md.	
D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
1	EB 1 4195] houter for Milliams, His	Ilm. Y. Johner & Am	= Dallo
	VS 150	A desired to the second	, Irva.
	man the transfer of the same o	1/	/ /

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# BALTIMORE CITY HEALTH DEPARTMENT

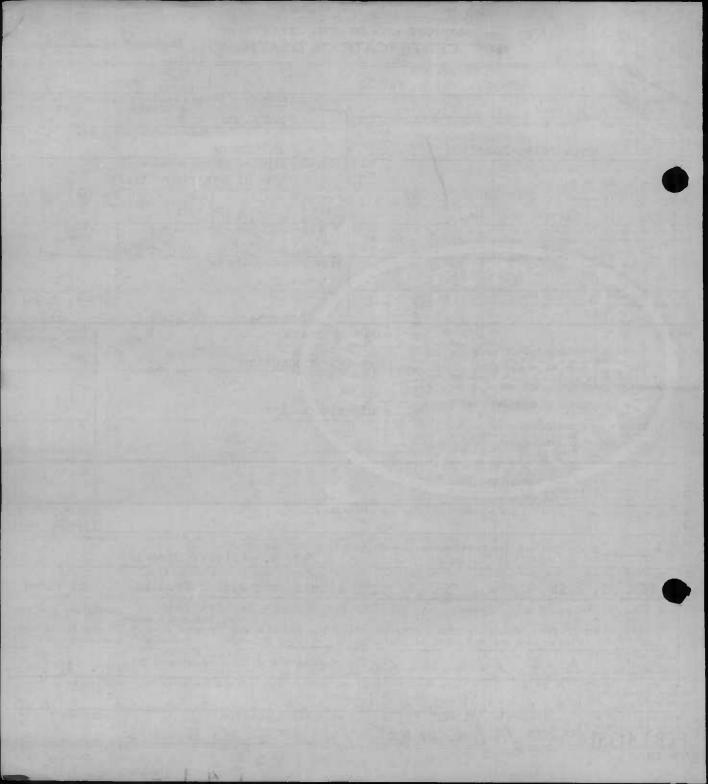
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N	0		
1. NAME OF DECEASED (Type or Print)	EORGE W. BROOME		2. DATE OF DEATH Feb	. 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 1108 Ashbu	al or institution, give street address or iocation)					
c. Cigth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 6				
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARTICO	8. DATE OF BIRTH Sept. 15, 1881	9. AGE (In years last day) Mon	Under 1 Year If Under 24 Hours this Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Machinist	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Balto.	reign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME George Broome	(13	14. MOTHER'S MAIDEN NA Ida Henry	ME			
15. WAS DECEASED EVER IN U. S. ARMEC Yes, no or unknown) (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. George Broo	me - 1108 As	shburton St.		
henrt failure, asthenia, etc. It mea injury or complication which complication which complication which complication which complies to the above cause (A) underlying condition has the complication of the significant condition to the oeath, but to the disease or condition	TIONS CON-NOT RELATED	emona g				
194. DATE OF OPERATION 1  2 14. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING CAUSE OF DEATH	9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., e	3 Paneres	l in Baltimore City, gi	20. AUTOPSY7 YES ND No ive exact location)		
D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI		OCCUR?			
22. I hereby certify that I att deceased alive on 24.2	ended the deceased from	red at F Am., from the 38. ADDRESS	te causes and on the	that I last saw the e date stated above.  23c. DATE SIGNED		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 2/16/51	24c. NAME OF CEMETE Chester Cem	RY DR CREMATORY 24D. LC	CATION (City, town, o			
	S, SIGNATURE	25 FUNERAL DIRECTOR	hestertown, M	ADDRESS Balt		
VS 150	544	(3D)	46	g Md.		



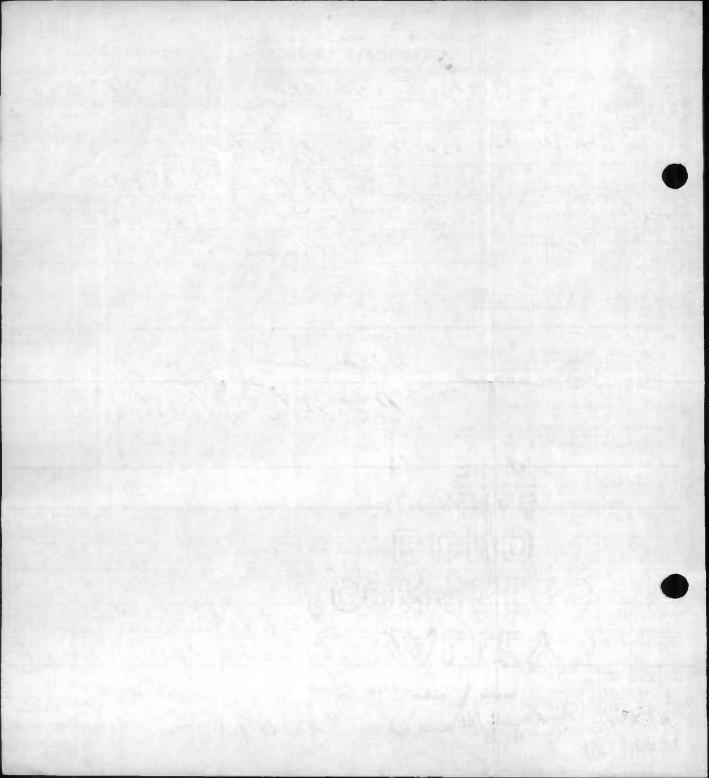
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1420

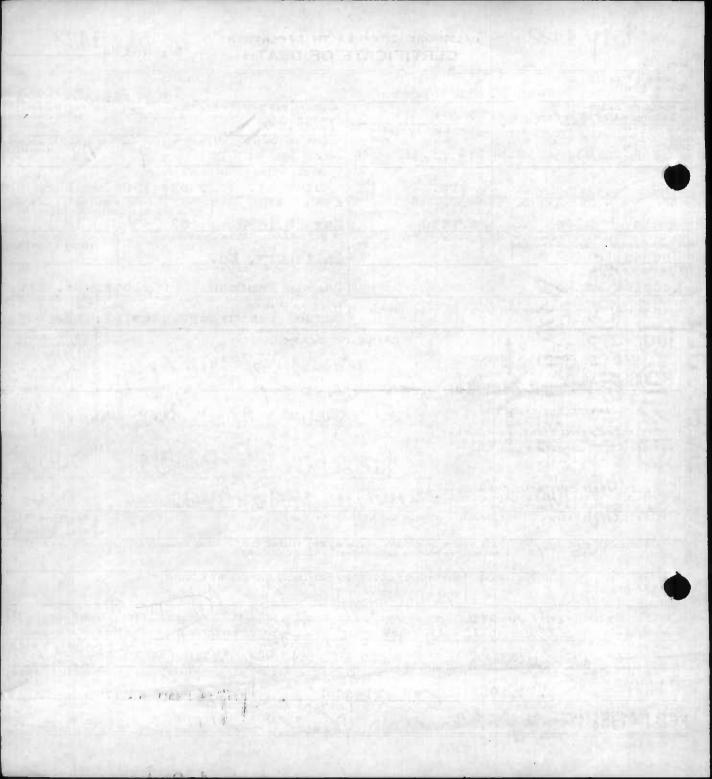
BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF PARKER ANNTE February 11, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate Innits, write RURAL and give HOSPITAL OR location) C. CITY OR TOWN INSTITUTION township) University Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 909 N. Stricker Street igth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Female Colored 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF 10A, USUAL OCCUPATION (Give kiud of) work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 WFORMANT ADDRESS SECURITY NO. (Yes. no or unknown) INTERVAL BE CAUSE OF DEATH F 900.0 ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral concussion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, MONEXTON injury or complication which caused death.) ANTECEDENT CAUSES Acute alcoholism RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 909 N. Stricker Street Home 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Fell down stairs from 2nd to 1st floor 9:30 A.m. Partial Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the cyidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident X, suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... Feb. MEDICAL INVESTIGATOR 24A BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24 DATE ADDRESS DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR 41951 VS 151



520 MARUE	HORNES
51 1421 BALTIMORE CITY HE	, 51 1/21
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED MAN HONK E. H	OPNES 2-13-51
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR / location)	c. CITY OR TOWN / (If outside corporate limits, write RURAL and give
INSTITUTION DON SECOUS 1/05 PITA/	Dunthicym township)
c. Length of stay in Baltimore  Yrs. Mos. Days	311 Rams Head - 5
Final 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH  9. AGE (In years   fi Under 1 Year   Months: Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of work in the life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DESCRIPTION OF THE PROPERTY OF THE PROP	N. A. V. W
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo nr uoknnwo) (If yes, give war nr dates of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.	in indolismonser and death onser and death onser and death on the cardial in fact tion
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., e	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Z	- 9, 195, to 2 - 15, 195, that I last saw the
deceased alive on 2 13, 1951, and that death occur	red at / '' fm., from the causes and on the date stated above.  38. ADDRESS   23c. DATE SIGNED
12 12 2 M.D.	Don Sicamo Hosp. 2-13-51
24A. BURIAL, CREMA- 24B. BATE TION, REMOVAL (Specify)  Since of CEMETE TO STATE OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  Petr 16 44 / 95-)	25. FUNERAL DIRECTOR ADDRESS 2.327 Mrs. W. W. Rokde, Edmondra and
FE8'1°41951	94a



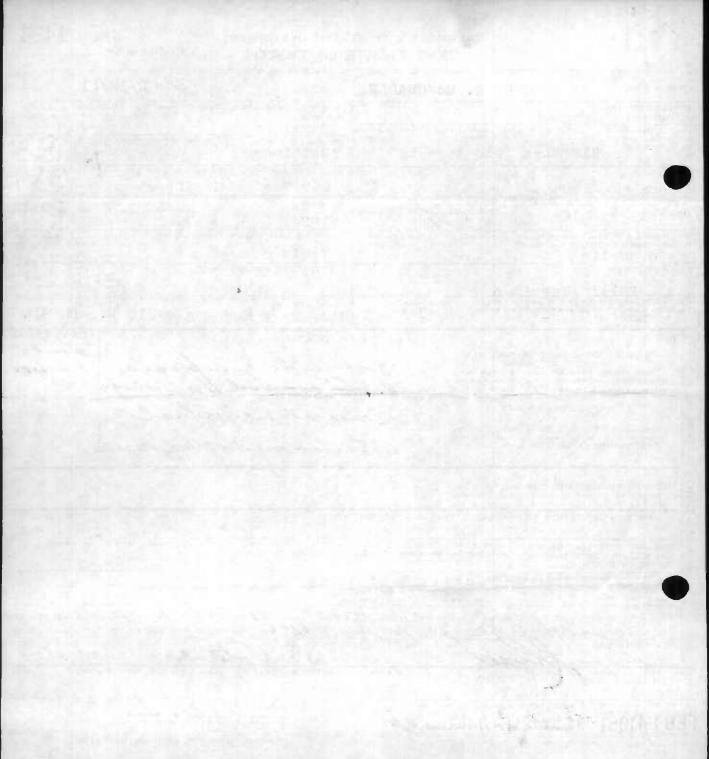
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51. 14		E OF DEATH  Registered No.
BIRTH NO.	CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	Ruth M. Hamburger	2. DATE OF DEATH Feb.12, 1951
O DI LOS OS DELEUL		I A LISUAL RESIDENCE (Where deceased lived, If institution; residence
	t in hospital or institution, give street address or	Maryland
HOSPITAL OR INSTITUTION Ct.	Apts.Eutaw Pl.&Brooks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give La. Baltimore township)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Bal	timore 30 yrs. Days	Eutaw Pl. & Brooks Lane. Cylburn Ap
7572	WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION	(Givekind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, en Housewife	renifretired) INDUSTRY	Salisbury, Md.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Maurice Manko		Carrie Kaufman (Gylburn Ct. Apt
15. WAS DECEASED EVER IN I	J. S. ARMED FORCES? war or dates of service) 16. SOCIAL SECURITY NO.	Samuel Hamburger Eutaw Pl. &BrookLa
Control of the contro	INDITION DIRECTLY TO DEATH the mode of dying, e.g., etc. It means the disease, n which caused death.)  INT CAUSES  ITIONS, IF ANY, GIVING TAUSE (A) STATING THE DITION LAST.  II IT CONDITIONS CON- EATH, BUT NOT RELATED CONDITION CAUSING IT.  INDITION 19B. MAJOR FINDINGS OF OPE  DE.  21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg.  WHILE AT NOT WHILE AT WORK  WALL attended the deceased from the core  Land And that death occur	RED 21F. HOW DID INJURY OCCUR?  (A) 195, to 1, 195, that I last saw the tried at 1, 1
1 (H.W)	numation )	1312



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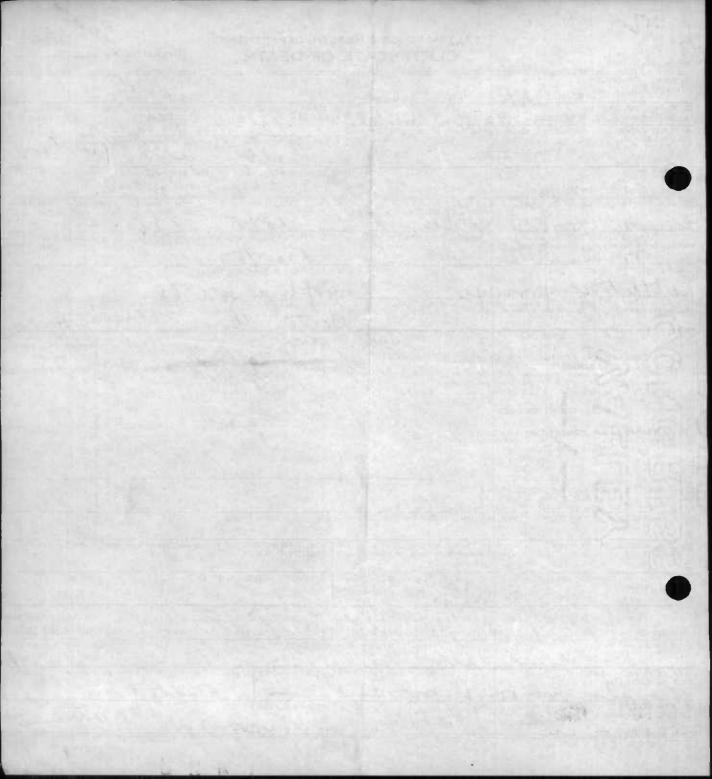
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) MARY A. MCMONAGLE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, watte REHAL and give C. CITY OR TOWN INSTITUTION 312 East 22nd Street Baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 312 East 22nd Street c. Length of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | If Under 1 Year last birthday) | Months: Days 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Hours: Min. Female White 1874 Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Treland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip Merriman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL Miss Mary McMonagle-312 E. 22nd St. (Yes, no or unknown) SECURITY NO. no INTERVAL BETWEEN CAUSE OF DEATH 3 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Lattrick templegia LEADING TO DEATH
(This does not mean the mode of dying, e.g., DUE TO Right curlol fenerth heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES (B) Several Lesselval ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. cioscherosis & Hupertonsica OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from Nov. 22, 1950, to Feb. 12, 1957, that I last saw the deceased alive on Hel. 1/ 195/ and that death occurred at 6.10 Am., from the causes and on the date stated above. 23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED 2/13/5 he aus M. D. | 11 00 E. A Hyde 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) . DATE Cathedral Cemetery Burial DATE RECEIVED BY 25. FUNERAL ADDRESS REGISTRAR'S SIGNATURE 25 SON

VS 150



4	F5 V	BALTIMORE CITY HE CERTIFICATE		5 Registered No	1 1424
1. (T	NAME OF DECEASED ype or Print)	Halmes		2. DATE OF DEATH	- 5-1
Α.	PLACE OF DEATH: Baltimore City, Maryland 2/3 FULL NAME OF (If not in hospital or i	5 tound Hell institution, give street address or	4. USUAL RESIDENCE	bere deceased lived. If in	stitution: pesidence before admission)
H	DSPITAL OR STITUTION	location)	C. CITY OR TOWN. (If	outside corporate limits,	write RURAD and give
(	Length of stay in Baltimore	Yrs. Mos. Days	O. STREET ADDRESS (If	rural, give location	
-	SEX   6. COLOR OR RACE   7. S	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		nder I Tour H Under 24 Hours this Days Hours Min.
	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	S. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	11	14. MOTHER'S MAIDEN N	AME	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FOR e, no or unknown) (If yes, give wer or dates of ser	ICES? 16. SOCIAL SECURITY NO.	17. INFORMANT Beathart	2101 De	DRESS
RTIFICATION	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANT RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ECTLY ing, e.g., the disease, d death.)  Oue To  (B)	bral apa	flikery 2	INTERVAL BETWEET ONSET ANO GEATH
Ш	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED	Nauk Kirk		
AL C		AAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICA		1B. PLACE OF INJURY (e. g., in at home, farm, factory, street, office bldg., e		f in Baltimore City, gi	ve exact location)
Z	10. TIME (Month) (Day) (Year) (House INJURY	m. WHILE AT NOT WHILE AT WORK		Y OCCUR?	
	22. I hereby certify that I attended deceased alive on 18 23A. SIGNATURE	and that death occur	2/19 Winds	he causes and on the	23c. DATE SIGNED
TI	AA. BURIAL, CREMA 24B. DATE ON, REMOVAL (Specify)  ATE RECEIVED BY COCAL REGISTRAR'S BURIAL REGISTRAR	51 mt an	25. FUNERAL DIRECTOR	Botto	ADDRESS 7.9 class

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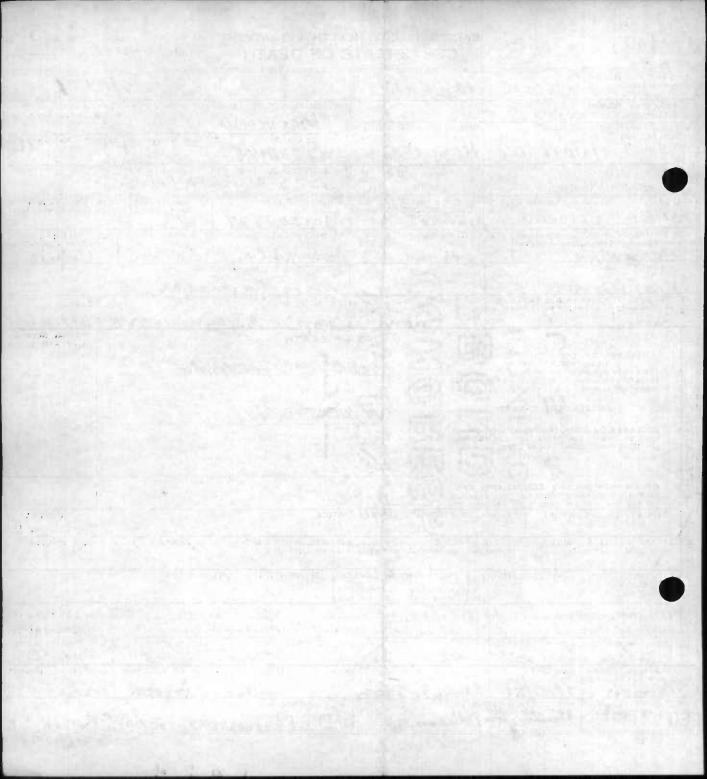


#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JELLIE MORGAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits write RDRAL and give C. CITY OR TOWN INSTITUTION ALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. N. FULTON AUE. ngth of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. HEMALE. (OLORED Marriel May 30,1907 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Howard Co. Md. Yousewife U. S. A ome 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or ookoowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or ookoowo) SECURITY NO. Livingston mone NO INTERVAL BETWEEN CAUSE OF DEATH 18 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY7 EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK . 1951. to 2 , 195%, that I last saw the 22. I hereby certify that I attended the deceased from 2 1957, and that death occurred at/1:20 Am., from the causes and on the date stated above. deceased alive on. 23c. DATE SIGNED 28A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Burial DATE RECEIVED BY

BA TE GOTTAR



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1426

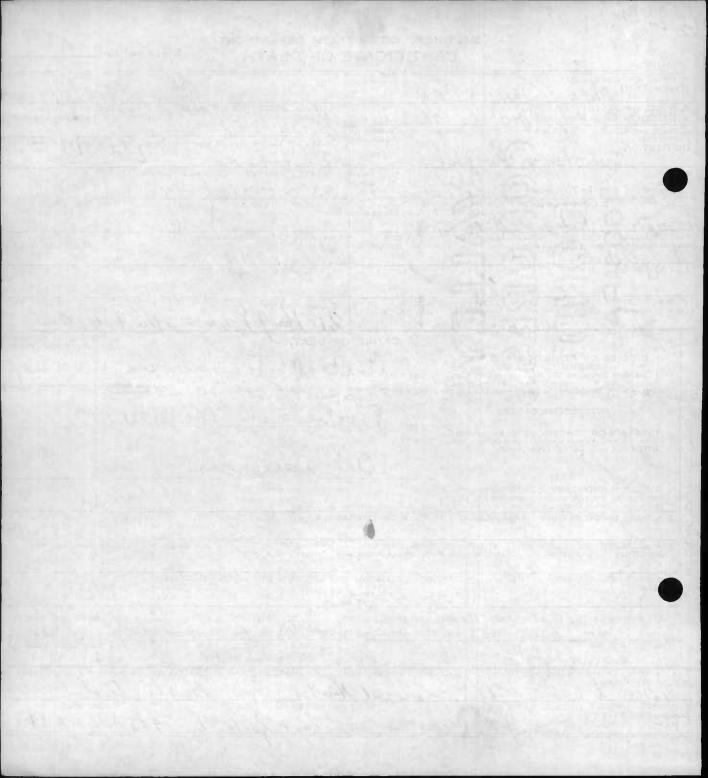
	KIN NO.									
	NAME OF D 'ype or Print)	eceased Harry	R Ta	ylor				of Feb.	13,	1951
Α.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address					4. USUAL RESIDENC A. STATE Maryland	E (Wh	ere deceased lived. I B. COUNTY BEITIN	instituti	on: residence refore admission)
H	OSPITAL OR	OF (If not in hospit	al or institu		40 11-	c. CITY OR TOWN	t10 as	itside corporaty iimi		IATITO AT
	CTITUTION	2653 Harlem	LVO					itside corporate ilini	-06	township)
0		oodo nartem	AVC.		Yrs.	Baltimore  b. STREET ADDRESS		ral give (vetica)	-	
	James Land	A :- D-14:	Life	1	Mos.			rai, give pocation)		
C.	sex	tay in Baltimore		E. MARRIED.	Days	2653 Harle		9. AGE (In years)	If Under 1 Yea	as   II Under 24 Hours
	M	W	Ma	wed Divorced (S <sub>I</sub>		Nov. 1, 187		last hirthday) M	onths Da	Hours Mm.
WOE	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIN	D OF BUSINESS O	R	11. BIRTHPLACE (State	e or fore	ign country)	12. CIT	IZEN OF
			Fritz			Maryland	i		VVI	J. SOUNTRY
13	FATHER'S	NAME				14. MOTHER'S MAIDE	N NAN	1E		
V.		Emil Ta	ylor		TE.	Mary ?				
15	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	=	17. INFORMANT			HDDR#89	3
(10	s, no or unknown) NO	(If yes, give war or date	s of service)	214-01-82	VO.		mei		2855	
_					-		ime i	Taylor		ERVAL BETWEEN
		0.01				F DEATH			ONS	ET ANO GEATH
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTL' TH	1	9		1.7			
		s not mean the mode oure, asthenia, etc. It mea	of dying, e	g., (A)	env	ralized to	ne	ins euro	es	Johns
	injury or	complication which	eaused dea			0				
		ANTECEDENT CAUS	SES							
Z	DICEACE	C OD CONDITIONS		(B)		•••••••••••••		***************************************		
TION	RISE TO	S OR CONDITIONS, I	STATING '							
CA	UNDERL	YING CONDITION LA	NST.							
L		1		(C)						
RTI	OTHER	SIGNIFICANT CONDI	TIONS CO	on-		•				
O E		G TO THE DEATH, BUT DISEASE OR CONDITION								
				R FINDINGS OF	OPERA	TION			20	D. AUTOPSY?
AL									YE	s No
EDICAL	21A. ACCIDENT. SUICIDE.  21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore City, give e) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					give exa	et location)			
Σ	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCC	URRED	21F. HOW DID IN	JURY (	OCCUR?		
1	INJURY	(, (,	(,		WHILE					
			m.	WORK	ORK	]	_			
	22. I hereb	y certify that I att	ended the	e deceased from.	Fel	mary 2 19 57, to	tel	mary 13, 195	, that	I last saw the
	deceased a	live on Tebruary	13195	, and that death of	occurr	ed at 3. P.m., fro	om the	causes and on t	he date	stated above.
	23A SIGNA	TURE O Vo.				B. ADDRESS & done	1	1	23c.	DATE SIGNED
	4 orm		na	м, с	, ,				12/	14/51
71	4A. BURIAL. ON, REMOVAL (S	CREMA- 24B, DATE Specify)		24c. NAME OF CEN	METER'	Y OR CREMATORY 24	40. LO	CATION (City, town	, or count	ly) (State)
-	Buri	al   2/16/5	51	Western				timore M	aryla	and
D	ATE RECEIVE	D BY REGISTRAR	16/16 .		2	25. FUNERAL DIRECT	OR		ADDR	ESS
	FFB 141	951 mate . ir	- / Yellis	entis, Mari	J	ohn T Stans	bury	7 2700 Ed	nand	son Ave
	VS 150	- m 69		- EL						C
		4 2	may then the area	5 9	143	36			4	

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19	1 1 27
1.1.	1461

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1427 Registered No.

В	RTH NO.	E OF DEATH	
1. (T	NAME OF DECEASED  ype or Print) MARY DREXLER	2. DATE OF DEATH 2./14/	5-1
	Baltimore City, Manyland Doctors Hospital	4. USUAL RESIDENCE (Where deceased lived, if institution A. STATE B. COUNTY be	n : residence fore_admission)
H	FULL NAME OF (If not in hospital or institution, give sweet address or location) STITUTION		
1	Doctors Hospital	BaltimorF 6	( township)
C.	Hength of stay in Baltimore LIFE Mos. Days	D. STREET ADDRESS (If rural, give location)	
5. F-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under I Year last birthday) Months: Day	B Under 24 Hours Hours Min.
10 worl	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Mone doring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITI	ZEN OF AT COUNTRY
1	touse ivite	Maryland.	KI COOMIKI
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	Mr. Vhr. J. Grey Gr 3310 Fact	Ten
	18. 760 X   CAUSE		RVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 1t means the disease, injury or complication which caused death.) DUE TO	ebral Thromboses	2 deg
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	rteriosclerosa	
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	RATION   20.	AUTOPSY?
CA	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g.,	yes io or   21c. WHERE DID (If in Baltimore City, give exact	
MEDICAL	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bldg.,		tocation)
~	O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from deceased alive on 2-14, 194, and that death occu	2 - 3 - , 1951, to 2 - 14, 1951, that I rred at 730A m., from the causes and on the date s	
	tous agrass MI M.D.	2/30n Class. 4 2	ATE SIGNED
TIO	NA. BURIAL, CREMA- 24B. DAYE 24C. NAME OF CEMETE ON, REMOVAL (Specify) 2-17-51	Hast - Balla Tod	(State)
D	TERECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRES	55 Ch Sib
=		1	



Registered No. BALTIMORE CITY HEALTH DEPARTMENT 1428 CERTIFICATE OF DEATH

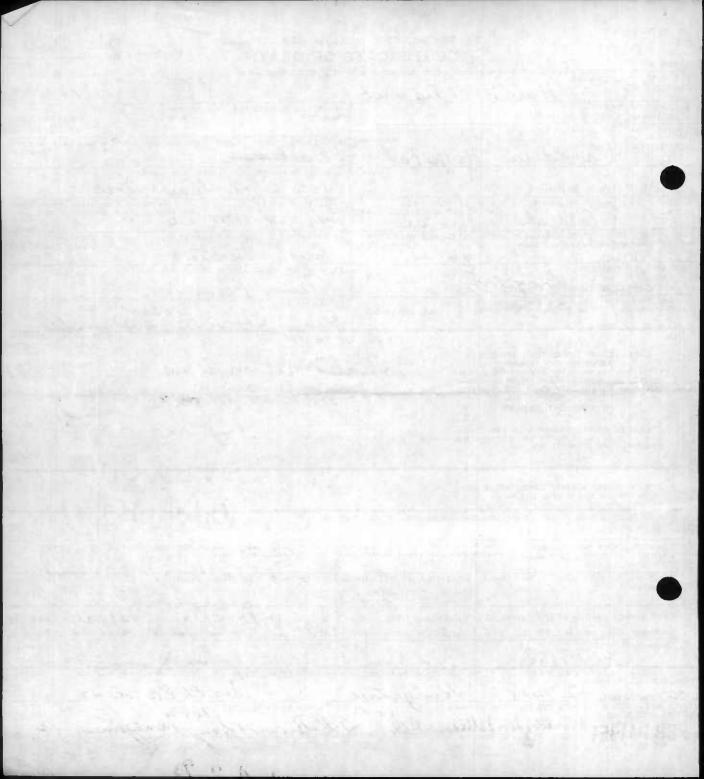
BIRTH NO.			OZIVIII TOVVI	E OI BEATH		
1. NAME OF D			<i>m</i> :		2. DATE	
	Har	crer	Haomic		DEATH	2-10-51
	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived B. COUNTY	
B. FULL NAME	OF (If not in hospital	al or institu	tion, give street address or location)			- 1
INSTITUTION	Providen	L H	oshital	Baltimore (If	outside eorporate	imite, write hURAL, and gi
c. Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If I	flash V	Freet
5. SEX	Colored	WIDOV	E. MARRIED. VED, DIVORCED (Specify)	B. DATE OF BIRTH Yuly 24 1926	9. AGE (In years last birthday)	Months Days Hours Mir
ork dooe during most	CUPATION (Give kind of of working life, even if retired)	10в. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	NAME Brog	don		14. MOTHER'S MAIDEN NA	ME	
5. WAS DECEASE	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	uu j	ADDRESS
es, oo or unkoown)	(If yes, give war or dates	of service)	SECURITY NO.	Len Ha	1032	About 11
18. 7 4	IX.		CAUSE	OF DEATH	Wa 47	INTERVAL BETWEE
DISEAS	SE OR CONDITION I	DIRECTLY	01	+ 11	+	ONSET AND DEAT
(This does	not mean the mode of are, asthenia, etc. It mean	f dying, e.	E., (A) U.C.	rlus asthma	licus	2-9-5
injury or	complication which es	aused death		ronchial as	4	
	ANTECEDENT CAUS	ES	0 0	ronene as	nma	
DISEASES	S OR CONDITIONS, 15	ANY CIVII	(B)	••••••••••••••••••••••••	***************************************	2-10-5
RISE TO T	HE ABOVE CAUSE (A)	STATING TI	HE DUE TO			
	THE SOURCE LA	51,	(C)			***************************************
	П					
	IGNIFICANT CONDITION TO THE DEATH, BUT					
TO THE D	ISEASE OR CONDITION					
19A. DATE C	OF OPERATION 15	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., ic farm, factory, street, office bldg., e		in Baltimore Cit	y, give exact location)
TIME (	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
N. JOKT		m.	WHILE AT NOT WHILE			
22. I hereb	y certify that I atte	ended the	deceased from 2.	-9- 195/ to 2	-10- 15	f, that I last saw ti
deceased al	live on 2-16.	, 1951	and that death occur	red at 715 h.m., from th		n the date stated abov
234 SIGNAT	TURE		1 2	20 ADDRESS		LOG- DATE GLONE

1.428

24A. BURIAL, CREMA-TION REMOVAL (Specify)

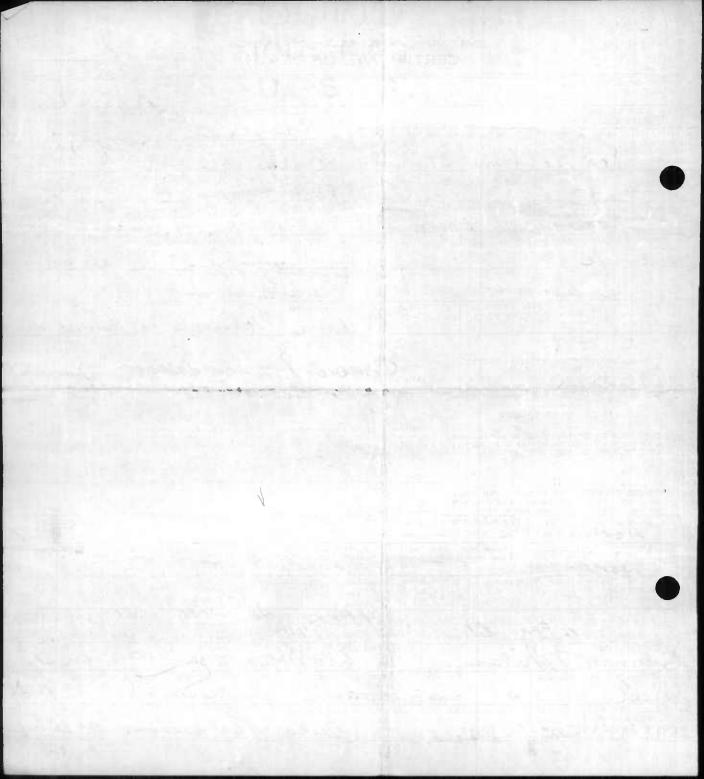
ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR 25. FUNERAL DIRECTOR



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1	_ J.4.C		CERTIFICATI	F OF DEATH	Registered No.			
	RTH NO.							
1. (T <sub>3</sub>	NAME OF D	ONA.	LOLENAS		2. DATE OF DEATH 2-12	-51		
	PLACE OF D Baltimore	City, Maryland		4. USUAL RESIDENCE (WH		titution: residence before admission)		
	SPITAL OR	OF (If not in hospi	tal or institution, give street address or location)	Judiyeur	u ,	1 7		
	STITUTION	805 HOL.	Lins SI.	c. CITY OR TOWN (If o	utside corporat) limit,	ite P/RAH and give (ownship)		
			al a Yrs.	D. STREET ADDRESS (If ru	ral, give location)			
		stay in Baltimore	Mos. Days	805 Halles	io St.			
5.	SEX .	6. COLOR OR RACE	7. SINGLE, MARRIED (Specify)	7-5-1851	9. AGE (In years If the last birthday) Month	s Days Hours Min.		
10/	. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR	11. BUSTHPLACE (State or for	eign country) 12	CITIZEN OF		
14	ouser		INDUSTRY	Villengrusse		WHAT COUNTRY?		
13.	FATHER'S	NAME		14. MOTHER'S MAIDEN NAI	ME	7 01.		
		lubum	m.	Culsury	n			
15. Yes	WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?   16. SOCIAL	12. INFORMANT	( ADD)	RESS		
				luna Joler	cas 005/16	Claris St.		
	18. 42	2.1.	CAUSE	OF DEATH/		INTERVAL BETWEEN		
	DISEA	SE OR CONDITION		Y	2000	ONSET AND DEATH		
	(This does	s not mean the mode	of dying, e.g., (A)	Oro-JASCUAR	CISCOSO	Chechoun		
	heart failt	ure, asthenia, etc. It me complication which	ans the disease, caused death.) DUE TO	et beloscible	cks	•		
		ANTECEDENT CAU	SES					
(B)					***************************************			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
5	UNDERL	YING CONDITION L	AST.					
		11	_ (C)					
	OTHER S							
1		G TO THE DEATH, BUT		***************************************				
1	19A. DATE C	OF OPERATION	198, MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
5	~ ~					YES NO		
2	HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)		
NONE								
	NJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
-			m. WORK AT WORK	10	fee CI			
	22. I hereby certify that I attended the deceased from 197, to 197, to 197, that I last saw the							
	deceased a	live on ALES	_, 19 and that death occur	red at m., from the	e causes and on the			
	ZA. SIGNA	TURE	2	6 82 VASIMAR	MN DEND !	COR SIGNED		
24	A) BURIAL,	CREMA- 24B. DATE	M. D.	RY OR CREMATORY 240 LO	CATION (City, town) or	county) (State)		
VO	N. REMOVAL	Specify)	5-1 New Goton	Oral Fred	rech CV	ma		
DA	TE RECEIVE		'S SIGNATURE	25. FUNERAL DIRECTOR	/AI	OPRESS//		
	CAL REGIST	RAR	em Kliss.	6.0 W/K	Land To	Maro Konson		
ŧ	ED 1-21	95 1	The Manual Manual Control of the Con	waters w. face	succes-103 !	4C/ Junys		
	VS 150		I am the second			937		

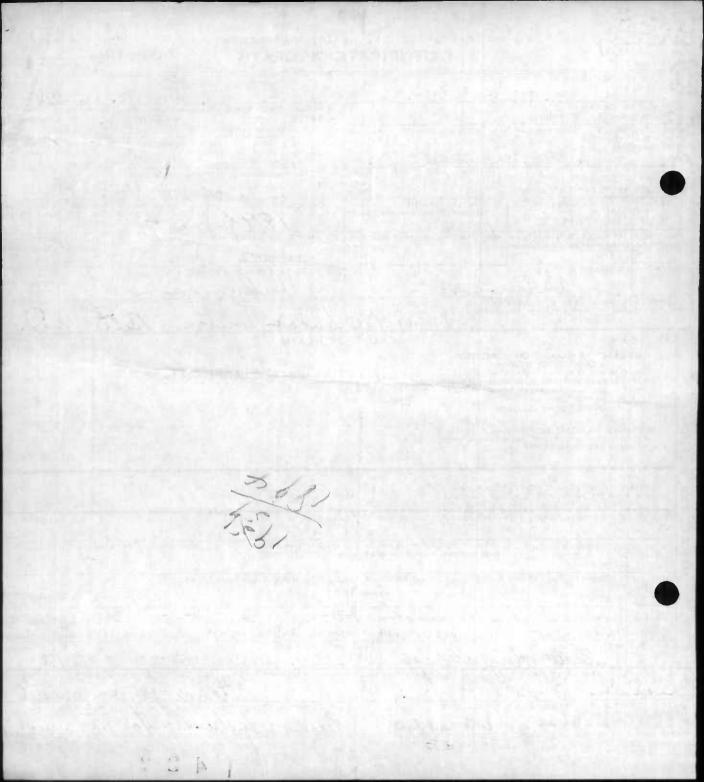


#### BALTIMORE CITY HEALTH DEPARTMENT

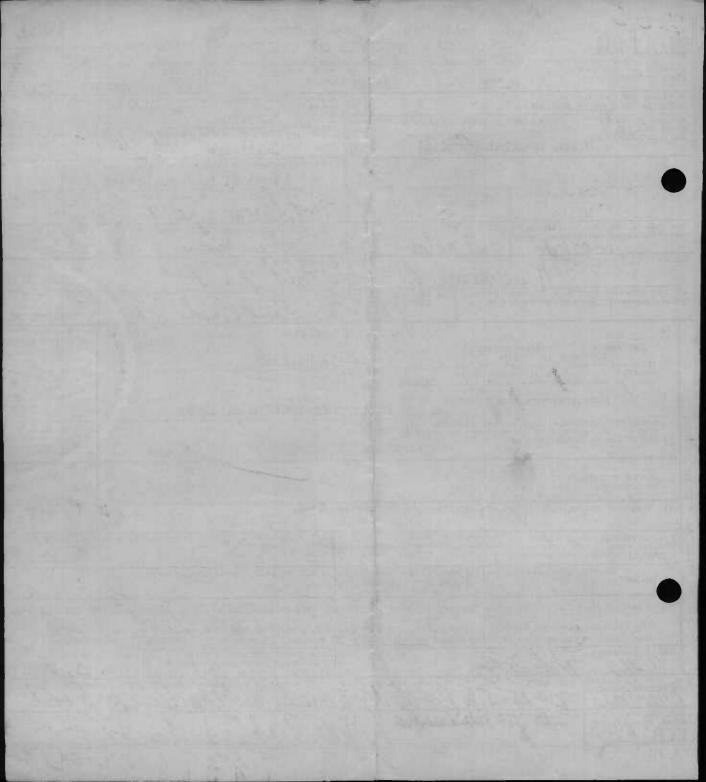
51 1430

Registered No.\_\_\_\_

В	IRTH NO.		OEKTII IS	0/112	- OI DEATH		
1. NAME OF DECEASED (Type or Print)					2. DATE. OF		
		Mr. Isid	dore Jenkins.			DEATH Feb.	13, 1951
	Baltimore	City, Maryland		145	4. USUAL RESIDENCE (	Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					Maryland c. CITY OR TOWN (	1	ts, write RUKAL and give
1	1	St. Joseph's	Hospital	1 174	Baltimore	W-	township)
7			****	Yrs.	D. STREET ADDRESS (I		
0	ength of s	stay in Baltimore		Mos. Days	739 W. Le	exington Stree	+
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED		8. DATE OF BIRTH	9. AGE (In years)	f Under & Year   Il Under 24 Hours
	Male	White	Single	(Specify)	1894	last birthday) Mo	onths Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KIND OF BUSINESS	OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	Tail	lor		0311	Lithuania		WHAT COUNTRY?
13	. FATHER'S	NAME /	Chadina	4 (M)	14. MOTHER'S MAIDEN NAME		
		Melen	mm		Muleur	Im	
15 (Ye	e, no or unknown)	ED EVER IN U. S. ARMED	FORCES?   16. SOCIAL s of service)   SECURITY	/ NO	17/INEORMANT	A A	DDRESS
			215-01-9	1595	Veces done	ina Bel	The Kest
	18. 4	00.	CA	USE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		/		ONSET AND DEATH
		LEADING TO DEAT s not mean the mode o	TH	rtor	iosclerotic hear	+ 3:0000	
	heart failu	are, asthenia, etc. It mea complication which c	ns the disease.	ر. بل ایجا دیا در بادی	TOSCHE NO PTC "TEST	L.QLSease	
	injury of						
_		ANTECEDENT CAUS					
0		S OR CONDITIONS, IF			***************************************	***************************************	
E	UNDERL'	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE DUE TO				The state of the state of
O			(C)			***************************************	
CERTIFICATION		III III					
2		SIGNIFICANT CONDITION TO THE DEATH, BUT					20212
C	TO THE D	SEASE OR CONDITION	CAUSING IT.				
اد	19A. DATE C	OF OPERATION 1	98. MAJOR FINDINGS OF	OPERA	ATION		20. AUTOPSY?
CA	01: 10015		L CLE BLACE OF INJURY	( tm	1 010 WHERE DID	(M. in Dalainana Cian	YES NO X
MEDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK							
	22 I horoh	as contife that I att	ended the deceased from	via.	28- , 19 5 to	2-13- 195	that I last saw the
		live on 2-13-	1951 and that death	V	red at 8:25AM., from		that I last saw the
	23A. SIGNA		., 19 2- and organ growing		3B. ADDRESS	the chases and on th	23c. DATE SIGNED
		Superioli	veullegy M		1400 N. Caroline	Street	2/13/50
24	BURIAL,	CREMA- 248 DATE	1 24C. NAME OF CH	EMETER	RY OR CREMATORY   2403	LOCATION (City, town	or county) (State)
18	N, REMOVAL (S	2-15	TI Hall	180	20 A.G.	b Haul (	me mud o
DA	ATE RECEIVE	D BY   REGISTRAR	S SIGNATURE	-	25) UNERAL DIRECTOR		ADDRESS
LC	LE BELIA	1951 human	F. Williams, Mas	1	Gearles Wheel	weston 703	uc/Lewry St
	VS 150	and the same of the same	The state of the s	. 4	'C /	1 0 0	927



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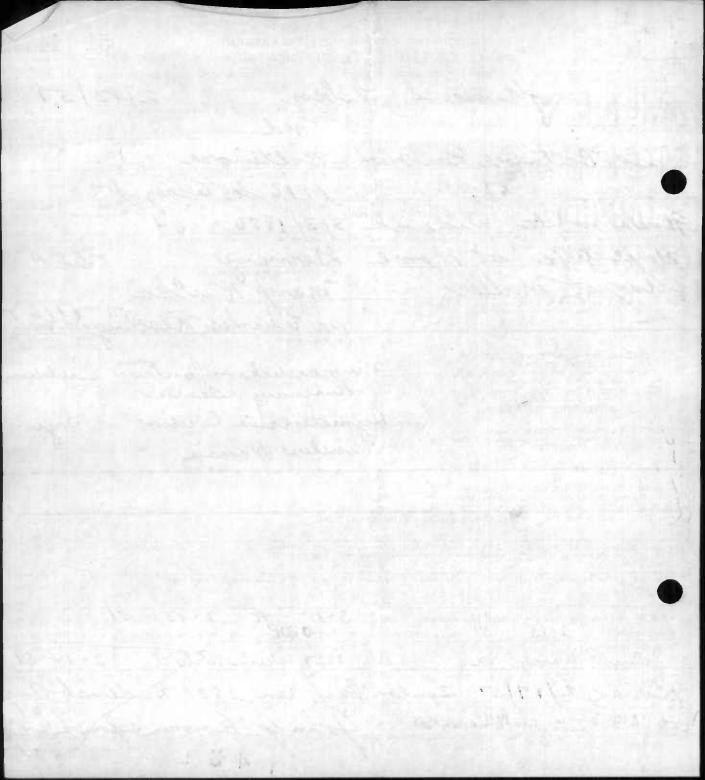


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1432

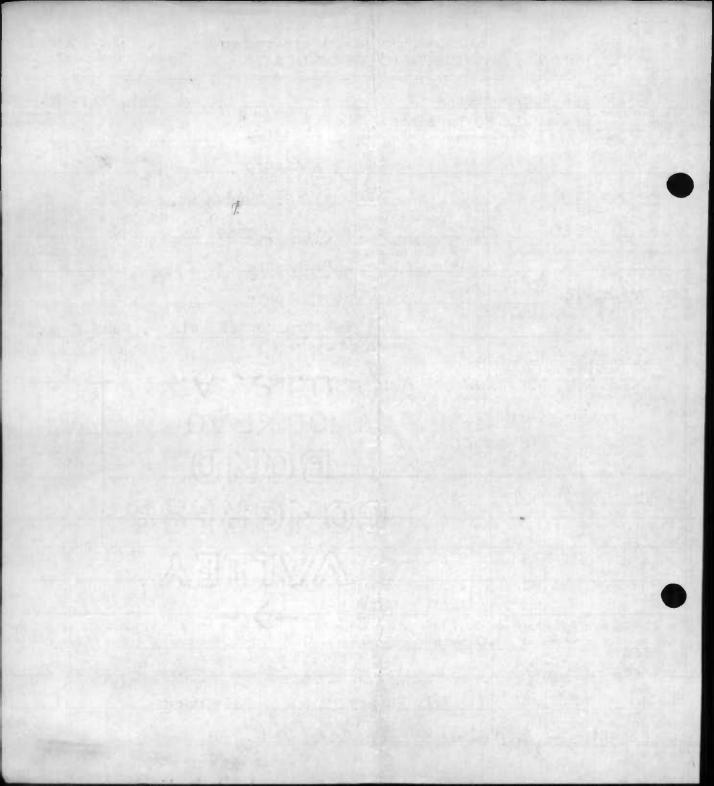
BIRTH NO.					
NAME OF DECEASED Type or Print) Annie S. S.	ilson 2	DATE OF DEATH 2/13/37			
B. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	e deceased lived. If institution: residence  B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address of dospital or NSTITUTION	C. CITY OR TOWN (If out	side corporate limits, write RURAL and give			
So. Baltimore Den Hogs	Baltimor	e hownship)			
Ingth of stay in Baltimore 63 And Mos.	D. STREET ADDRESS (If rur	al give location)			
S. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9	AGE (Livers lift Under 1 Year lift Under 24 Hours last birthday) Months: Days Hours Min.			
Jamele white Widowell	3/3/1886	6 4 Months Days Hours Min.			
OA. USUAL OCCUPATION (Give kind of rk done during most of working life every if retired)	11 BIRTHPLACE (State or foreign	(2) country) 12. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-U3A			
Mugust Miller	mary Ne	lka			
5. WAS DECEMBED EVER IN U. S. ARMED FORCES?  16. SOCIAL  (If yes, give war or dates of service)  16. SOCIAL  SECURITY NO.	17. INFORMATT	ADDRESS 116 St			
18. 1/2 5 1	OF DEATH	Meseling So. Garey			
DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	yocarelul my	ercleen Sudden			
injury or complication which caused death.) OUE TO	Elmenary edl	mee			
ANTECEDENT CAUSES	nestersure Ca	relia 3m.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.					
(с)	wellen Dessa				
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<u></u>			
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, etreet, office bidg.	in or 21c. WHERE DID (If in etc.) INJURY OCCUR?	Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE		CCUR?			
m. WHILE AT NOT WHILE AT WORK		17 6/			
deceased alive on 2/3, 1951, and that death occurred at 30 m., from the causes and on the date stated about 1951.					
	23B. ADDRESS	23c. DATE SIGNED			
AA. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETE	BY OR CRIMATORY 240 LOCA	ATION (City, town, or county) (State)			
Russal, 2/17/51 Loudon 1	Park Gen 380	1 Grederich ave			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS 9 0 /			
CER 1 4190 King Maria / MARIANIA MARIA	John at 60	wan I don wolling			

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- 1	125						r A	4400
5	1 143	3	BAI		EALTH DEPARTME			1433
BI	IRTH NO. 5	0-19899		CERTIFICAT	E OF DEATH	Regi	stered No	
	NAME OF DE					2. DATE OF	** 1 7	
3.	PLACE OF DE	Joseph Bro			I 4. USUAL RESIDENCE	DEATH	Feb. 13	1951
	Baltimore C	ity, Maryland 4.		Duncan St.	A. STATE	B. COL		before admission
H	OSPITAL OR	or (it not in nospit	ar or institut	location		(If outside corpo	rate limitm with	RURAL and giv
0	0				Baltimore		100	township
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give loc	ation)	
		ay in Baltimore 6.COLOR OR RACE	7 SINGL	Days E. MARRIED,		ncan St	years   If Under 1	Year   It Under 24 Hour
	Male	White	MIDOM	ED, DIVORCED (Specify	)	last birtl	nday) Months I	Days Hours Min
10	A. USUAL OCC	UPATION (Givekinder	Chi	OF BUSINESS OR	11. BIRTHPLACE (Stat	95 <b>0</b> te or foreign country		ITIZEN OF
worı	k done during most of	working life, even if retired)		INDUSTR	Baltimore		W	HAT COUNTRY
13	FATHER'S N.	АМЕ			14. MOTHER'S MAID			
	Leo Broz				Mary Weber			
(Ye	s, no or unknown)	O EVER IN U. S. ARME (If yes, giva war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	
					Leo Broznow	icz 413		
	18. 48	X	DIDEC-1 1/	CAUSE	OF DEATH			TERVAL BETWEE
		E OR CONDITION LEADING TO DEA not mean the mode of	TH		fluenza. i	tedan 0		21
	heart failur	c, asthenia, etc. It mea	ns the diseas	e				the blood of Al.
		ANTECEDENT CAUS		, 552 10				
Z				(B)	***************************************			
TIC	RISE TO TH	OR CONDITIONS, 1 E ABOVE CAUSE (A) ING CONDITION LA	STATING TH	E DUE TO				
CA	ONDEREN	ING CONDITION LA	.51.	(C)				
ERTIFICATION		П						
ER	TRIBUTING	GNIFICANT CONDI	NOT RELATE	D			2377	
O.		F OPERATION 1		FINDINGS OF OPE	RATION			20. AU1 OPSY?
AL			10.00					YES NO
EDICAL		NT WAS UNDER- CONTRIBUTING		ACE OF INJURY (e. g., farm, factory, street, office bldg.		(If in Baltimo	re City, give ex	act location)
ME	CAUSE OF E	EATH						
	INJURY	Month) (Day) (Year)		21E. INJURY OCCURF		JURY OCCUR?		
			m.	WORK AT WORK		7 / -	-	
		certify that I att	ended the	deceased from	1051, t	o tet 13	_, 19.57, tha	t I last saw th
	23A PIGNAT		_, 19_5Z,		rrcd at // Fpm., fr 23в. ADDRESS_	om the eauses a		te stated above
	Llows	D. dipp	y	M. D.	426 S. Pathan	m Garl A	2	14/57
TIC	4A. BURIAL, C ON, REMOVAL (ST	pecify)		24c. NAME OF CEMET		4D. LOCATION (C	ity, town, or cou	nty) (State)
	Burial	2/15/5		Holy Rosar	y	Baltimore		25.00
	ATE RECEIVED OCAL REGISTS		SSIGNATL	JRE	25. FUNERAL DIRECT	TOR )	ADD	RESS

VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT

51 1434

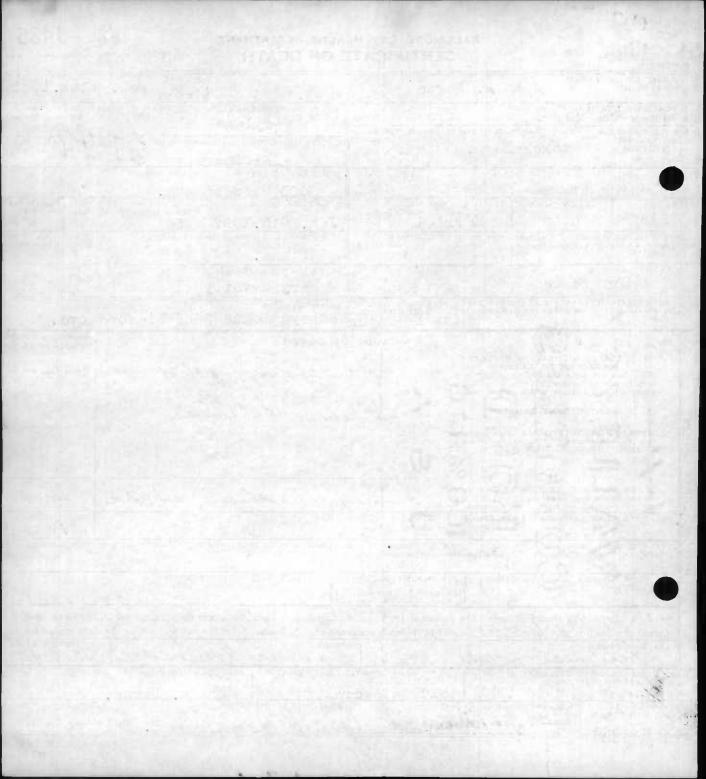
A	RTH-10134	1			CERTIFIC	ATE	OF DEATH	Registered	N0
	NAME OF D	ECEAS	SED	L.				2. DATE	
(T	ype or Print)		Wallaw	B.	erry			OF DEATH 2	/13/5/
	PLACE OF D				-		4. USUAL RESIDENCE	Where deceased lived.	
	Baltimore (			al on inatitude	ion, give street addr		A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	OI-	(II not in nospit	ar or mistreut		ation)	c. CITY OR TOWN (I	f outside corporate lin	nits write RURAL and give
	-utherzn	Has	pital of	Mar	u bud		Baltimore	4-	township)
á	BINEFER	1/03	pris or	70101		Yrs.		f rural, give location)	
	Length of s	tay ir	Baltimore			Mos. Days	2026 Roll-	st #18	
5.	SEX		LOR OR RACE		. MARRIED,		8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	///		W	WIDOW	ED;DIVORCED (S	pecity)	12/2/92	last birinday)	Months Days Hours Min.
10	A. USUAL OC	CUPA	TION (Give kied of	108. KIND	OF BUSINESS C		11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF
	tationary		glife, even if retired)	No. Th	INDU:		Marched		WHAT COUNTRY
	FATHER'S		GUNET	Norlh	way HPI	2.	14. MOTHER'S MAIDEN N	IAME	1 4,5,
-	Foods	- 1	7				C	) V o	
15	. WAS DECEAS	ED EVE	R IN U, S. ARMEI	FORCIS?	16. SOCIAL		JUSAN !	duner	<u> </u>
(Ye	e, oo or ooknowo)	(If 3	res, give wer or date	e of service)	SECURITY !	NO.	17. INFORMANT	100	ADDRESS 91
							Yrs. Edw. 1	ARNEY -	2812 Ulvaido
	18. /6	27 1		Same.	CAU	ISE C	F DEATH		ONSET AND DEATH
	DISEA		CONDITION DING TO DEA		0.1		. 111	11+1	
	(This does	s not r	nean the mode of	of dying, e. s	(A)	moc	neinoma of upper	n love-re. lu	٣),
	injury or	compl	henia, etc. It mes lication which	caused death	DUE TO MA	tas	tastic calcinom	of medicale	
v	POST IN	ANTE	CEDENT CAUS	SES		ly	night wodes with	fixation Jac	pevin
Z					(B)	we	na cava.		
2			CONDITIONS, I			etes	tatu carcinon	a of cervica	
Y	UNDERL	YING	CONDITION L	AST.		spi	us.		
F	200				(c) Pri	mary	site. Rt lung,	upper lobe	(dver)
RT	OTHER	SIGNIE	II ICANT COND	ITIONS CON					
Ë	TRIBUTIN	G TO T	HE DEATH, BUT	NOT RELATE	D 0				
0	19A. DATE C		ERATION - 1			OPERA	TION		20. AUTOPSY?
CAL	2/2	-151	1 -2	Metas	tastii car	ceni	ma of cervical s	pine	YES NO
DIC	21A. ACCIDI				CE OF INJURY			If in Baltimore City	, give exact location)
H	HOMICIDE	(Spe	ecify)	aboot bome, f	arm, factory, street, office	e bldg., etc	i) INJURY OCCUR?		
Σ	O. TIME	(Month	) (Day) (Year)	(Hour)	21E. INJURY OCC	URRE	21F. HOW DID INJUR	Y OCCUR?	
	INJURY					WHILE			
				m.		WORK L	1/21 105/	2/12 10	<i>K</i> =1
4					deceased from_		1/31, 195/, to		5/, that I last saw the
	deceased a		2 2/1)	_, 19_7	and that death		ed at 5:10 Am., from	tne causes ana on	23c, DATE SIGNED
	(In	1 h	6 19. 7	whten	1.0.4		atheran Hosp. O.	Md.	2/13/5/
26	A. BURIAL.		24B. DATE					CATION (City, tow	vn, or county) (State)
7	N. REMOVAL	Specify;	91161	61	La la		(Pab 1	300 la	ma 2
D	ATE RECEIVE	OTEY	REGISTRAR	SIGNAT	A Dual	m	25. EUNERAL DIRECTOR	Sucro	ADDRESS
1	是	FEE	Phulin.	TIN NA	indua M. M.		PIPI	5305	Nac Land Po
	· ·				7///		s. Jenuck	9303	1 my ora ra
	VS 150			Terral Lieb	(F)	7	1		0475
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Was their indication in decision is clinical record of the perbable primary set of the minlymany? See Document File 51-1434 2/28/51

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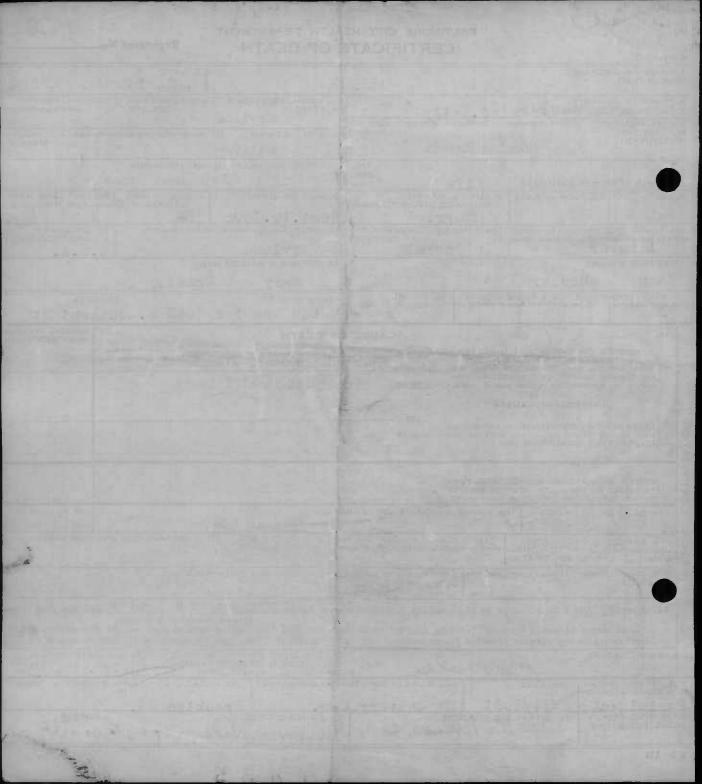
124 10

CERTIFICATE OF DEATH Registered No-1. NAME OF DECEASED 2. DATE John A. Logue (Type or Print) 12th.1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore A. Baltimore City, Maryland B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR KU ML and give C. CITY OR TOWN (If outside corporateliant) INSTITUTION Mercy Hosp. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 15 Mos. c. Length of stay in Baltimore Dave 5625 Midwood Ave. 5. SEX 6. COLOR OR RACE 7 SINGLE MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Male White Married Jan. 29th. 1897 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Logue Mary Haverty 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no conniknown) | (If yes. give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no onnaknown) SECURITY NO 4-01-8146 Kathryn Logue 5625 Midwood Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONmyclikes Chronic left febis TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA 218. PLACE OF INJURY (e. g., in or 21A, ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE . 194 ho Jule 22. I hereby certify that I attended the deceased from. \_\_\_. 19 5% that I last saw the deceased alive on Feb 12. 1951, and that death occurred at 12: IIm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 248. DATE 24c, NAME of CEMETERY OR CREMATORY Old Cathedral 2-15-1951 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 3000 E. Baltimore

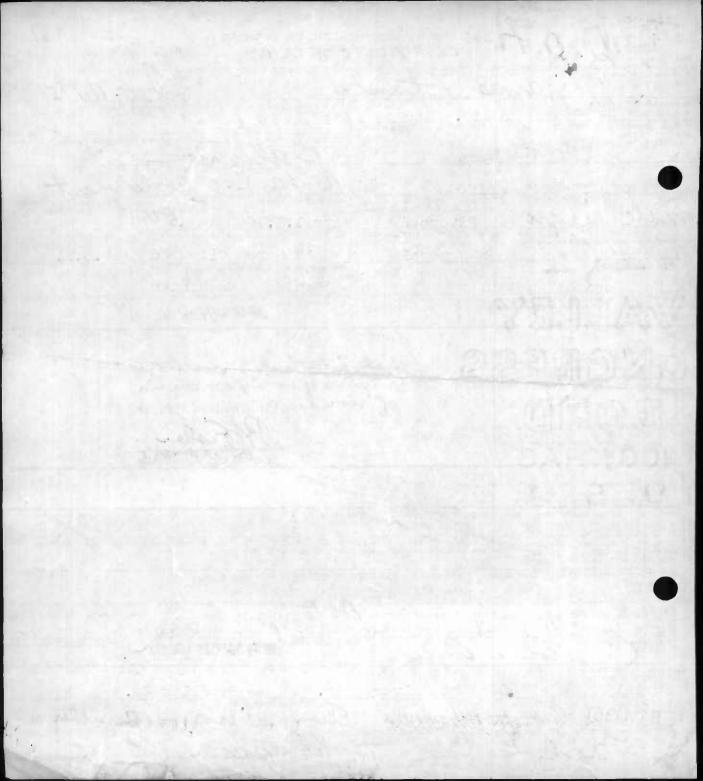


51 4400

1	14			TIMORE CITY HE				GOF
BII	RTH NO.			CERTIFICATI	OF DEATH	Register	ed No	
1.	NAME OF D		HIRLEY	WHEEL	ER	2. DATE OF FE	ebruary 10	, 1951
	PLACE OF D Baltimore (	EATH: City, Maryland Ba	Ito.	ity	A. STATE	CE (Where deceased live B. COUNT		residence e admission
B.	FULL NAME OSPITAL OR STITUTION		al or institut	ion, give street address or location)	Maryl. c. CITY OR TOWN Balti	(If outside corporate	limits write RUI	AL and give township
c	gth of s	tay in Baltimore	Lif	Yrs. Mos.	O. STREET ADDRESS	5 (If rural, give location E. Monument S		
	sex Male	6.COLOR OR RACE White	WIDOW	E. MARRIED, VED, DIVORCED (Specify) .rried	8. DATE OF BIRTH Sept. 19.189	92 58	f Under I Year Months Days	it Under 24 Hours Hours Min.
work	Labor			of BUSINESS OR INDUSTRY	Maryland		U.S.A	COUNTRY
	John	Wheeler			14. MOTHER'S MAID	Wheeler		
15 (Yes	. WAS DECEAS , no or unknowo)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mable Whee:	ler I643 E.1	ADDRESS Monument	St
ERTIFICATION	(This doe heart failt in jury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode of are, asthenia, etc. It mee complication which of ANTECEDENT CAUS S OR CONDITIONS, 12 THE ABOVE CAUSE (A) YING CONDITION L.  SIGNIFICANT COND TO THE OEATH, BUT	TH  of dying, e. ;  ons the disease caused death  SES  F ANY, GIVIN STATING TH  AST.  ITIONS CON NOT RELATE	G., (A) Hypert  G., (A) Hypert  G., (B)	of DEATH ensive heart cardial insuf	***************************************	ONSET	AND DEATH
0	CONTRACTOR DESCRIPTION OF THE PERSON	OF OPERATION 1		FINDINGS OF OPER	ATION		20. A	UTOPSY?
MEDICAL	UNDERLYIN UTING []	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year	about home, f	ACE OF INJURY (e.g., i farm, factory, street, office bldg., c	tc.) INJURY OCCUR?			
	the ev	idence obtained by eath in my opinion	ge of the	remains described of ppsy, Inspection or I from: natural causes	nquiry, find that so X, accident [], su 23B. CHIEF MED	topsy, Inspection or Inquaid deceased d.cd or vicide , homicide	uiry n the day sta n, undetermin	ated above ned [].
	A. BURIAL.			24c. NAME of CEMETE	RY OR CREMATORY 2	240. LOCATION (City, t		(State)
DA	urial ATE RECEIVE DCAL REGIST LB 4	D. DV. I DECLETA	S SIGNATL		25 FUNERAL DIRECT	Brooklyn Md.	o Bird	to
V	S 151		e de la constancia	970	99	on a	9370	MA



54437 D. O. A. BA		EALTH DEPARTMENT E OF DEATH	Registered	51. 1.43	37
1. NAME OF DECEASED		L OI DEATH	1	1	
(Type or Print)	Stanle	y	2. DATE OF DEATH	r. 11,195	/
3. PLACE OF DEATH:  A. Baltimore City, Maryland Balto		4. USUAL RESIDENCE (W		If institution: residence ad	
B. FULL NAME OF (If not in hospital or institution of the control	ition, give street address on location)		7		Daren .
INSTITUTION ROPKIES HAVE	dr-	1) all	outside corporate lin	the surface of the su	and give ownship)
A MOOR	Yrs.	D. STREET ADDRESS (If	rura rive location)	1	
cgth of stay in Baltimore Tiff	Mos. Days	1642 (.	Monu	ment	•
	E. MARRIED, WED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last hirthday)	H Under I Year H Und Months: Days Hou	der 24 Hours
mare negro D	ivorced	April.I.1900	50	1204	
10A. USUAL OCCUPATION (Give kind of 10B. KIN ork done during most of working life, eyen if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN C	
Taborer   In	General	21116 0 261110 20 0 0	tty Md	U.S.A.	
		14. MOTHER'S MAIDEN NA			
Josiah Stanle		Louise Wa	shinton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	PALIAS AUSPITAL	ADDRESS	
18. 462.1	CAUSE	OF DEATH		INTERVAL E	
DISEASE OR CONDITION DIRECTLY				ONSET AND	DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.	E., (A) Gasto	intestinal hem	orlage		
heart failure, asthenia, etc. It means the discr injury or complication which caused dead	h.) DUE TO MY	time of variet a	+ carlia		
ANTECEDENT CAUSES	of si	London CERTIFICAT	ION APPROVED	RV	
DISEASES OR CONDITIONS, IF ANY, GIV	(B)	n1	4		
RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	HE DUE TO	U700-	isher.	и о	
3	(C)	CHIEF OR ASS	ST. MEDICAL EXAMINE	_M, D.	
11					
OTHER SIGNIFICANT CONDITIONS CO	ED				
TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUIC	 PSY7
2				YES	NO .
	ACE OF INJURY (e. g., in ,farm,factory,atreet,office bldg.,e		f in Baltimore City	give exact locati	on)
21D TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
m.	WHILE AT NOT WHILE				
22. I hereby certify that I attended the	e deceased from	DO 17 ,190, to	. 19	, that I last	saw the
deceased alive on the 11, 1951	and that death occur		he causes and on		
23A. SIGNATURE	110/10	38. ADDRESS JOHNS MOPI	INS HOSPITEL	23c. DATE S	
24A. BURIAL, CREMA- 24B. DATE	24C, NAME OF CEMETE	RY OR CREMATORY   24b. LC	OCATION (City, tow	n, or county)	(State)
Burial 2/14/1951	Mt Calvery	Cem. Bro	ooklyn Md.		
DATE RECEIVED BY REGISTRAR'S SIGNAT		Elion . Wils	W I FOM B	Loully	and
VS 150	0	00	110000	, 1	1
med. C4	ase To	be appr	oned	118	
	470199			110	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Annia Carle Feb.II.195 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland Balto. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) I626 Jefferson Street Baltimore City Yrs. D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore 50 Yrs. Davs I626 Jefferson Street 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under I Year It Under 24 Hours I Hours Min. WIDOWED, DIVORCED (Specify) Female Col Widowed Nov.20. 1882 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife At Home Talbo N.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles 1098 Gray Annie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Corriene Patrick I626 Jefferson St No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LIVSIVE CARVIN -(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (cerebra) here orthoge 3 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID

about home, farm, factory, street, office hidg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT NOT WHILE

WORK AT WORK

22. I hereby certify that I attended the deceased from\_

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

1957, to\_ , 19 1, that I last saw the and that death occurred at 12.2 In from the causes and on the date stated above. 23c. DATE SIGNED

deceased alive on 2 . 19.0 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

24C. NAME OF CEMETERY OF CREMATORY arbutus Mem. Fark

Baltimore

24D. LOCATION (City, town, or county)

Burial DATE RECEIVED BY LOCAL REGISTRAR

VS 150

FUNERAL DIRECTOR

ADDRESS

2-14-1

20. AUTOPSY

NO

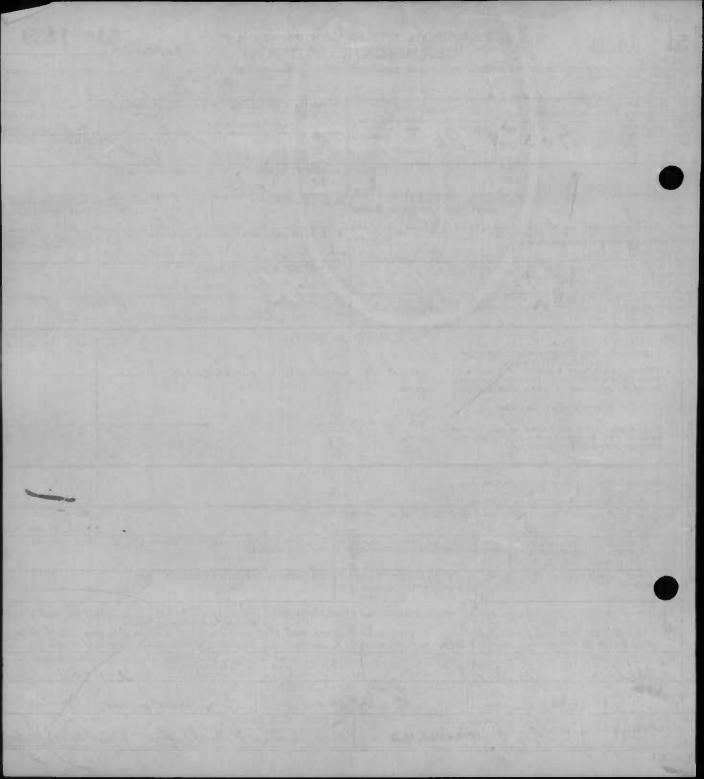
YES

(If in Baltimore City, give exact location)

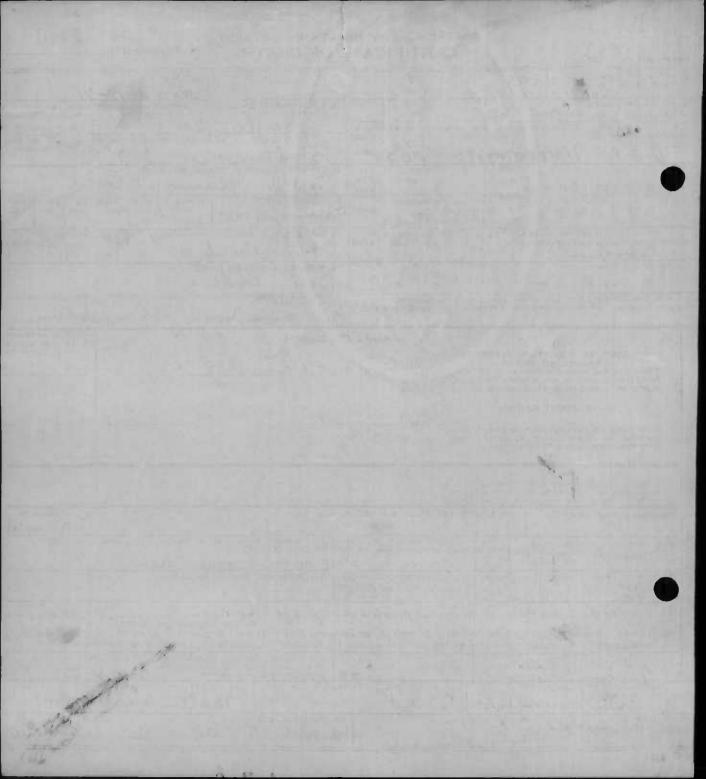
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BIRTH NO.	CERTIFICATI	E OF DEATH Registered No.	
1. NAME OF DECEASED		I 2. DATE	
(Type or Print) Toseph Swith		OF O I1	
3. PLACE OF DEATH!		DEATH (-/1)-3/	: residence
a. Baltimore City, Maryland  B. FULL NAME OF Of not in hospital or instituti	11	A. STATE B. COUNTY bef	ore admission)
HOSPITAL OR 742	location)		DAI and wine
INSTITUTION /03		B-0+-	township)
	Yrs.	D. STREET ADDRESS. (If rural, give location)	
anth of star in Baltiman	Mos.	702 1615	
5. SEX   6. COLOR OR RACE   7. SINGLE	Days Days		T. N. 11 B. 11
	ED, DIVORCED (Specify)		Hours Min.
10A. USUAL OCCUPATION (Give kind of 108. KIND	- gle	70	
work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZ	EN OF T COUNTRY?
Laborer	0.1	Janeasta, Virginia 1460	<u></u>
13. FATHER'S NAME	7	14. MOTHER'S MAIDEN NAME	
seenly smith.		mariah Campbell.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT ADDRESS	
(1.30) 2.10 1.10 1.10 1.10 1.10 1.10 1.10 1.10	SECURITY NO.	Mrs. Cora Denduson, 1610 W. Lepin 2 to	with
18. 4/22/	CALISE		VAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE		AND DEATH
LEADING TO DEATH	Ast.	ioscleroxic Cuydinyascular	
(This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease		LUS.CICYOY, C. CUYOLIVIA SCU 14.8	·····
injury or complication which caused death.	) DUE TO		
ANTECEDENT CAUSES	D		
DISEASES OR CONDITIONS, IF ANY, GIVIN	(B) Disea	1SE	
O RISE TO THE ABOVE CAUSE (A) STATING TH			
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	(C)		
OTHER SIGNIFICANT CONDITIONS CON			
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT			
	FINDINGS OF OPER	RATION 20.	AUTOPSY?
		YES	□ NO 🛛
	CE OF INJURY (e. g., ir rm,factory,street,office bldg.,e		location)
UNDERLYING OR CONTRIB. about home, fa	im, ractor 3 fast 66 s, omco Dieg., o	TASON OCCON	
Z TIME (Month) (Day) (Year) (Hour)   2	IE. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
	HILE AT   NOT WHILE		
	WORK L AT WORK L	1140000/2014	
	remains described a		
22. I certify that I took charge of the			n and from
the cvidence obtained by said Auto	psy, Inspection or I	Autopsy/Inspection or Inquiry Inquiry, find that said deceased died on the day st	ated above,
the cridence obtained by said Auto and death in my opinion resulted fi	psy, Inspection or I	Inquiry, find that said deceased died on the day st $X$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermine	ated above,
the cvidence obtained by said Auto	psy, Inspection or I	Inquiry, find that said deceased died on the day st s (X), accident □, suicide □, homicide □, undeterm   238. CHIEF MEDICAL EXAMINER□   23c. DATE s	ated above, ned $\Box$ .
the cridence obtained by said Autor and death in my opinion resulted for 23A. SIGNATURE	psy, Inspection or I rom: natural causes	Inquiry, find that said deceased died on the day st    X	ated above, ned [].
the cridence obtained by said Autorand death in my opinion resulted from 23A. SIGNATURE	psy, Inspection or I rom: natural causes  M. 4C. NAME OF CEMETER	Inquiry, find that said deceased died on the day st  S X, accident □, suicide □, homicide □, undeterm  238. CHIEF MEDICAL EXAMINER□  ASSISTANT MEDICAL EX	ated above, ned $\Box$ .
the evidence obtained by said Autonand death in my opinion resulted for 23A. SIGNATURE  23A. SIGNATURE  24A. BURIAL, GREMA- TION, REMOVAL (Specify)  324B. BATE 195   2	psy, Inspection or I rom: natural causes  M.  4C. NAME OF CEMETER  At.	Inquiry, find that said deceased died on the day st    X	ated above, ned [].
the cridence obtained by said Autonand death in my opinion resulted for 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE 195 2  TION. REMOVAL (Specify)  DATE RECEIVED BY   REGISTRAR INSIGNATURE	psy, Inspection or I rom: natural causes  M.  4C. NAME OF CEMETER  RE	Inquiry, find that said deceased died on the day st    X	ated above, ned  IGNED  (State)
the evidence obtained by said Autorand death in my opinion resulted for 23A. SIGNATURE  23A. SIGNATURE  24A. BURIAL. GREMA. 24B. BATE 195 2 TION, REMOVAL (Specify) Jubruary 14,	psy, Inspection or I rom: natural causes  M.  4C. NAME OF CEMETER  RE	Inquiry, find that said deceased died on the day st st in accident , suicide , homicide , undetermined as suicide , homicide , undetermined as suicide , homicide , undetermined as suicide , and a suicide as a suic	ated above, ned  IGNED  (State)



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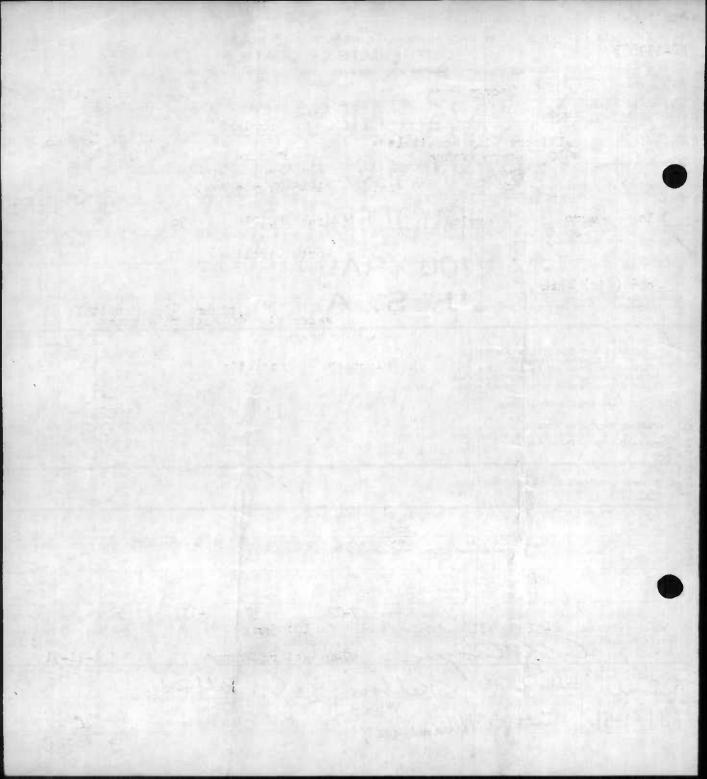
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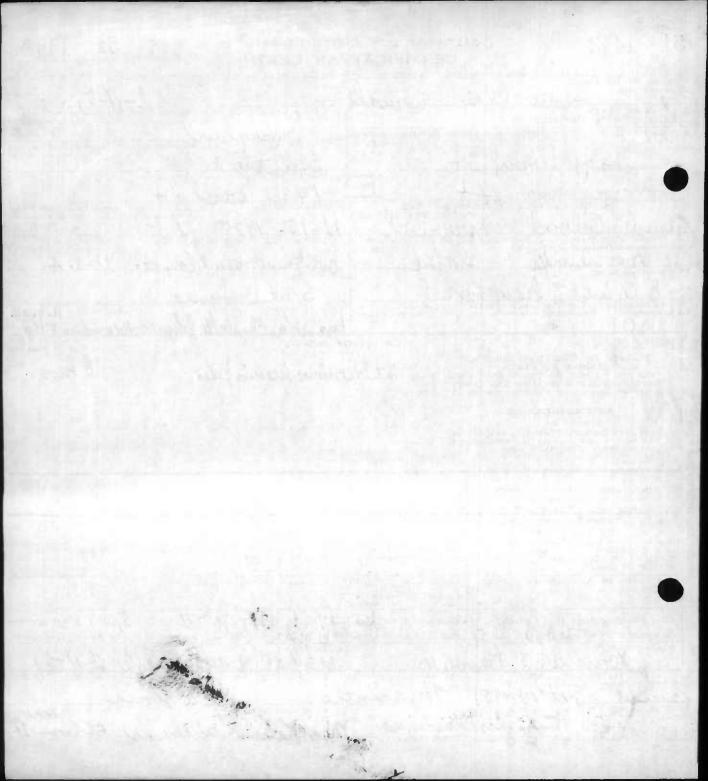
0	DTU NO			CERTIFICAT	E OF DEATH	registereu	140,
_	RTH NO.	AECEACED.	-				
(T	NAME OF D		eorge	Bush		2. DATE OF DEATH Feb	.11,1951
	PLACE OF D		1 1 1 7		4. USUAL RESIDENCE	Where deceased lived. I	f institution : residence
	FULL NAME	City, Maryland	al or institut	tion, give street address or	A. STATE Maryland	B. COUNTY	before admission)
H	OSPITAL OR	Baltimore					ts, write RULAL and give
IN	STITUTION	4940 East			Baltimore	ar outside corporate and	township)
		4740 2050	ern was	Yrs.	D. STREET ADDRESS (I	- 4	
				was Wes			
C.		tay in Baltimore		20 Yrs Days	1045 Argyle A		
5.	SEX	6. COLOR OR RACE	7. SINGLI WIDOW	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Il Under I Year If Under 24 Hours onths: Days Hours: Min.
	Male	Negro	Marrie		March 20,1914	36	July 20018 Will.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
W 011	LA I	on ea	000	Jess INDUSTRY	North Carolina		WHAT COUNTRY?
13	. FATHER'S		00/2	4 = 0 1	14. MOTHER'S MAIDEN I	14445	
	T . /	T. \ D				NAME	
	John (	Jim) Bush			Ada		
(Ye	, mo or unknown)	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Balti	mana Citas Had	DDRESS
				SECORITI NO.	Records: 4940	Bastern Avenu	pitais
	18.	2 X .		CALISE	OF DEATH	est volid	INTERVAL BETWEEN
		E OR CONDITION	DIDECTIV	OAUSE .	OF BEATH		ONSET AND DEATH
		LEADING TO DEAT	TH	Pulmon	ary Tuberculosis		2 7
	heart failu	not mean the mode ore, asthenia, etc. It mea	of dying, e. a	e. (A)	ary - doer curosis	***************************************	2 Years
	injury or	complication which c	aused death	DUE TO			
		ANTECEDENT CAUS	ES				
Z				(B)			
9	DISEASES	OR CONDITIONS, IN	F ANY, GIVIN	IG HE DUE TO			
A	UNDERLY	ING CONDITION LA	ST.				
의				(C)		***************************************	
CERTIFICATION		11					
2		IGNIFICANT CONDI					
B	TO THE D	TO THE DEATH, BUT	CAUSING I	T			
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
¥							YES NO X
MEDICAL	21A. ACCID	ENT WAS UNDER-	218. PLA	ACE OF INJURY (e. g., in	n or   21c. WHERE DID	(If in Baltimore City,	
Ш	LYING OI	R CONTRIBUTING[]	about home, f	arm, factory, street, office bldg., e	te.) INJURY OCCUR?		
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	W OCCUPA	
	INJURY	(Month) (Day) (Teal)			ZIF. HOW DID INJUR	A OCCUR!	
			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from 7	-12 19 50 to	2-11 195	1, that I last saw the
	deceased al			WOOD WOOD J. T. T.	red at 10:05am from	the causes and on t	he date stated shows
	23A. SIGNA	TURE //	-, 10-11-	2   2	3B. ADDRESS	the chases and the	23C. DATE SIGNED
		CSS	Clo		940 Eastern Aven	110	2-11-51
24	A. BURIAL, C	REMA- 248. DATE	X	4C. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town	
TIC	N. REMOVAL (S	pecify)	5 1954	201	1. n. C V	11 1	200
	Cemoral	/ December	0)1101	Reyou	0, 10,0, 10	yora,	100,
LC	TE RECEIVE	BAR REGISTRAR	S SIGNATU	IRE U	25. FUNERAL DIRECTOR	1=10.	ADDRESS
-	FR 419	51 112	- from Hil	15.	mrs. Katici R.	Williams 3:	22 N. Schroededt

9.7099



# CERTIFICATE OF DEATH Registered No. 1442

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)  2. DATE OF DECEASED (Type or Print)	= 1 // ~ /
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where dec	
B. FULL NAME OF (If not in hospital or institution, give street address or	67/
INSTITUTION (If outside co	orporate limits, write HURAL and give township)
D. STREET ADDRESS (li rural/giv	e location)
c. Length of stay in Baltimore 4 1 Mos. 14 41 March	74
5. SEX 6. COLOR OR RACE 7. SINORS MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE	(in years     Under 1 Year   If Under 24 Hours birthday)   Months   Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign cou	5
work done during most of working life, even i retired) INDUSTRY	(MAT COUNTRY:
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	, Mai Dista
Realis & Daniel Colis	
15. WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SOCIAL  (Yee, no or unknown) (If yee, give war or dates of bervice) SECURITY NO. 17. INFORMANT	ADDRESS M. L. hu.
(Yes, no or unknown) (If yes, give war or dates of bervice) SECURITY NO.	Men Hal brombler Dirlor
18. 0/0X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	8 hum
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	o nws
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
CINDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Balt	imore City, give exact location)
LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUP	27
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from and, 931, 1931 to Tel-1	, 1951, that I last saw the
deceased alive on 10 10 , 1951. and that death occurred at 100 m., from the cause	
Win E. J. Counter m. D. 1039 h. areyst.	BALL) 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION	(City, town, or county) (State)
Burnel Feb 14, 1951 The acentha Vir	gener
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS 322N
FEB 1 41951 Manus Marie Katre K. Will	ums Schroder It
VS 150	. /



11/	115				t		
6	47		RA	TIMORE CITY H	EALTH DEPARTMENT	V 5	1. 1443
4	1443	3	20		E OF DEATH	Registered No	
	RTH NO.	5654655		- 1			
T)	NAME OF D	1.	tela	ud, Alf	redoc	2. DATE OF DEATH	- 51
	Baltimore	EATH: City, Marylan	d Ft. S.	que Hospita	4. USUAL RESIDENCE (W	B. COUNTY	before admission
	FULL NAME	OF (If not in	hospital or institu	ion, give stree address o	16 Wintots Hoe	- Cotaus vill	
	ISTITUTION	Hank	lun Iqu	me Horpital	WINTERS Betin	outside corporate limits,	write RURAL and give township
6.	Length of s	tay in Baltime	ore	Yrs. Mos. Days	16 Winter	rural, give location)	5360
1	SEX	6. COLOR OR F	ACE 7. SINGL	E, MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH		Inder 1 Year   If Under 24 Hours
d.	rmale	C	VIDE	Vidou (Specify	January 1876	75	ths Days Hours Min.
1 C	done during most	of working life, even If	retired)	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	ty md.	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME -			14. MOTHER'S MAIDEN NA	6 /	
	Jar	is the	her-		Cassie Jord	lan a	
15 (Ye	. WAS DECEAS	ED EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
				SECONTI NO.	mu John tu	sher, 9151	Preix It.
	18. E 9	16.0	2012	CAUSE	OF DEATH	BACK N. ReS	INTERVAL BETWEEN
		SE OR CONDIT	ION DIRECTLY	P.	el moraty	p de a	
	(This does	LEADING TO	node of dying, e. It means the disea	g., (A)	camering	cycma	
	injury or	complication w	hich caused deat	h.) DUE TO			
		ANTECEDENT	CAUSES	Jeco	no and this	destee	
O	DISEASE	S OR CONDITIO	NS, IF ANY, GIVI		tand Il.		1
RTIFICATIO		THE ABOVE CAUS	E (A) STATING T DN LAST.	HE DUE TO	CERTIFICATION APPRO	VED BY	77
10					Col. Zuhans	Li, m.w.	1
E	OTHER (	11	ONDITIONS CO	_ (C)	Recordie	<b>L</b> . M D	
Ш	TRIBUTIN	G TO THE DEATH	BUT NOT RELAT	ED	CHIEF OR ASST. MEDICAL EX	AMINER.	
O		F OPERATION		FINDINGS OF OPE		D 077400 C-0 1 0 C	20. AUTOPSY?
CAI							YES NO 7
EDICAL		(Specify)	ebout home,	ACE OF INJURY (e. g., farm, fectory, street, office bldg.	ata \ INTRIBY OCCUPS /	f in Baltimore City, gi	
ME	-	(Month) (Day)		Home 21E. INJURY OCCURE			Le rossus on
	INJURY				1 1 ./2 1	hine - F	le lud
			9:00 P <sub>m.</sub>	WORK AT WORK	THE RESERVE AND ADDRESS OF THE PARTY OF THE	eb. 11 1951	-
			I attended the 11 1951	and that death occu	, 10-, 00-	, 10,	that I last saw th
	deceased a		192,		23B. ADDRESS La . [	ie eauses and on the	23c. DATE SIGNED
	5	Delie	Tures	M. D.	Franklin 19.	· Korpital	2/11-17
24	AA. BURIAL.	CREMA- 24B. DA	ATE	24c. NAME OF CEMET	ERY OR CREMATORY 245. LC	CATION (City, town, o	or county) (State)
	Buta	l Albu	my 15,1951	Socuet	Chapel Si	inpromille,	mde
	ATE RECEIVE		BAR'S SIGNAT	HE WALLE	25. FUNERAL DIRECTOR	-00	ADDRESS
	EER 14	1951			mrs. KatieR. Wi	Mans. 302	ro, serve au
	VS 150	7			) 0	181	max 34.
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Registered No.

	IRTH NO.						
1. (T	NAME OF D		ewer O	r Fread Brev	ner	OF DEATH	II.5I
3. A.	Baltimore	City, Maryland	Balto.	City	4. USUAL RESIDENCE (		
B.	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corporate limi	ts, write RURAL and giv
11/	ISTITUTION	723 N. Eder	Q+ma.	4	Baltimore C	/	with to KAL and give with the control of the contro
7		123 N. Edel	Stree	Yrs.	D. STREET ADDRESS (I		
a		stay in Baltimore	IO Yrs	Mos. Days	723 N. Eden	Street	
5.	SEX	6. COLOR OR RACE		E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours onths: Days Hours: Min.
	lale	Col.	Marı	ried	Sept. 19.19II	39	
worl	k doneduring most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	Labor B. FATHER'S		In Ge	eneral	Virginia		U.S.A.
	****				14. MOTHER'S MAIDEN N		
15	Will Was Deceas	ED EVER IN U. S. ARME	rewer	I 16. SOCIAL	Lyzie	Morris	
(Ye	NO or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Alice Brewer		DDRESS
	10 1/	2 2 2.1	100	O CAUCE	OF DEATH	nepu. M. Eden	INTERVAL BETWEEN
	1/	SE OR CONDITION	DIRECTI V	CAUSE	OF DEATH	01	ONSET AND DEATH
		LEADING TO DEA	TH	. Act	TIOSCLATUTIC	deast dispus	e 6-8-48
	heart failu	ire, asthenia, etc. It mes	ns the disease	e.	Boeck's S	sarcoid	(over)
		ANTECEDENT CAUS		.,	1 DOCENS	, , , , , ,	
z				(B) Ad YOU	ned Boeces	dreor d	6-8-49
NOIL	RISE TO T	S OR CONDITIONS, I	STATING TH	E DUETON	- (	1	
CA.	UNDERLY	YING CONDITION LA	ST.	(c) 48/c	c dispusse of	Lung S	6-8-48
IFI		11					
ERTIFI	OTHER S	SIGNIFICANT CONDI	TIONS CON				
CE	TO THE D	ISEASE OR CONDITION	CAUSING IT	т			
1 L	19A. DATE C	OF OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., i	in or   21c. WHERE DID (	If in Baltimore City,	YES NO E
MED	CAUSE OF	R CONTRIBUTING DEATH	about bome, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?	an Danishote Only,	give exact locations
	21D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?	
			m.	WORK NOT WHILE			
	22. I hereb	y certify that I att			, 19, to2		I, that I last saw th
	deceased a		19 51		rred at 2:30 Pm., from	the causes and on t	
	23A, SIGNA	TURE TEL	P. 1.		23B. ADDRESS	CD . SA	23C. DATE SIGNED
	A. BURIAL,		1000	M. D.	RY OR CREMATORY   24D. L	OCATION (City, town	or county) (State)
	Succea (S	- 14/	- 01	Hasbru	1a 111	eldon 7	y. P.
D	ATE RECEIVE	D BY   REGISTRAR	SSIGNATU	P	25 FUNERAL DIRECTOR		ADDRESS
-	CED 1 A	1951 "much	14/40 11	Mianus, Mall	Elwy O. Wilst	KINO B.	antly and
	VS 150		3	a self on Asia			1
10		1	.)	470	77		93D

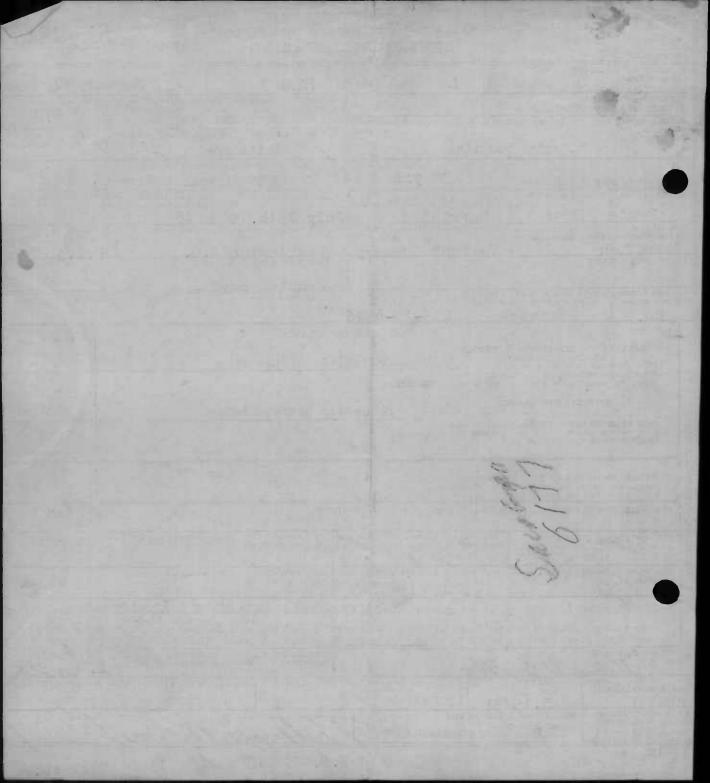
See Document File 51-1444

Complete medical history 7/31/50

from Sinai Hospital Medical Care Clinic 2/28/51

ES

B	500 RTH NDA A		ВА			EALTH DEPARTMENT E OF DEATH	Registered N	51. 1415
一.	NAME OF DE		EAN	L MC	CAULE	Y RYAN	2. DATE OF Febr	uary 12, 1951
B. HO		EATH: ity, Maryland DF ''f not in hospit	al or institu	tion, give street a	address or location)	4. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived. If i	
		St. Agnes	Hospita	21	Yrs.	Baltimore		0 6 township
		ay in Baltimore		30 yrs	Mos. Days		ckland Stree	t
5.	Female	6.COLOR OR RACE White	Mar	e, MARRIED. WED, DIVORCEI ried	D (Specify)	B. DATE OF BIRTH July 25th. 1904	9 AGE (In years If last birthday) Mon	Sads: 1 Year If Under 24 Hours this Days Hours Min.
work	A. USUAL OCC deneduring most of Chauffeu	CUPATION (Give kind of working life, even if retired)	108. KIN		DUSTRY	11. BiRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
	FATHER'S N.					14. MOTHER'S MAIDEN NA	ME	
15 (Ya	. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	s of service)	16. SOCIAL SECURIT		Jennie Boyd 17. INFORMANT	AE	DDRESS
ERTIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode re, asthenia, etc. It mea complication which  OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	TH  of dying, e.  ins the disea caused deat  SES  F ANY, GIVI  STATING T  IST.	g., (A) se, h.) MDEXTEX (B)	Cellul	of DEATH itis of the face tic heart disease		INTERVAL BETWEE
CER	TO THE OIS	TO THE DEATH, BUT SEASE OR CONDITION OPERATION   1	CAUSING		F OPER	ATION		20. AUTOPSY?
A L								YES NO X
EDICAL	UNDERLYING	AL CAUSE WAS OR CONTRIB- AUSE OF DEATH.		ACE OF INJUR farm, factory, street, o			in Baltimore City, gi	ve exact location)
Σ	210. TIME (A	Month) (Day) (Year)	, , , , ,		OCCURRE	21f. HOW DID INJURY	OCCUR?	A FIELD
	the evid	lence obtained by th in my opinion	said Auto	opsy, Inspecti	ion or I	nquiry, find that said dee ☑, accident □, suicide [	nspection or Inquiry $eeased\ died\ on\ the$ $\square$ , $homicide\ \square$ , $ur$	day stated above adetermined $\square$ .
24	23A, SIGNATU	am Voor	state.	-		23B. CHIEF MEDICAL E. ASSISTANT MEDICAL E. MEDICAL INVESTIGATO	XAMINER F	b. 13, 1951
TIO	A. BURIAL, CF ON, REMOVAL (Sp.	REMA- ecify) 248. DATE FEB. 15	/51	LOUDON F		CENTERY . BAT	TTO OF	FYINI (State)
	TE RECEIVED CAL REGISTR	AR 33-	SIGNATU		5	25. FUNERAL DIRECTOR	110 me	ADDRESS 958
V	5 151	0	0.0	6+25	4	F.B. WIPPERT & .	ON1300 E	LUTAW PL.



320 1 1446 BIRTH NO.	BALTIMORE CITY HEA		Registered No.
1. NAME OF DECEASED (Type or Print) Hadrey MA	FE Titus.		2. DATE OF F.b. 14
B. FULL NAME OF (If not in hospital of HOSPITAL OR		MARULAND	here deceased lived, if institution B. COUNTY
INSTITUTION	Hospital.	BattimoRE	outside corporate limits, write
cngth of stay in Baltimore	Life Mos. Days	5541-OREG	on fre. #

A	Baltimore City, Maryland	setors	Hospital	A. STATE	B. COUNTY	before admission
HO	SPITAL OR	al or institution, gi	ive street address or location)	c. CITY OR TOWN	(If outside corporate lim	nakz Co.
INS	TO CTO !	PS HOS	pital.	Battimor	= - Halo	ThoRDE
		0 /	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	and the second
	angth of stay in Baltimore	LITE	Days	5541-ORE	gon Are:	# 27-80/7
5.	SEX 6. COLOR OR RACE	7. SINGLE, MA WIDOWED, D	RRIED. IVORCED (Specify)	Sout 7 191	0 40	It Under Tyear H Under 24 Hours Min
10/	A. USUAL OCCUPATION (Give kind of	10B. KIND OF	BUSINESS OR	11 BIRTHPLACE State	or foreign country)	12. CITIZEN OF
/ .	done during most of working life even if retired)	CalVERT-	ALTINDUSTRY	Balt, mass	mil	WHAT COUNTRY
13.	FATHER'S NAME	- i	matricky	14. MOTHER'S MAIDE	INAME	
_	Charles Otis	Tito	15	MARGARETM	ARV Titus	
	WAS DECEASED EVER IN U. S. ARMEI no nr unknown) (If yes, give war or date		SOCIAL SECURITY NO.	17. INFORMANT	7	ADDRESS
	No NONE	22	0-24-5332	Charles TiT	US 5541 OR	Egon AVE.
	18. 3 40 · 3 I  DISEASE OR CONDITION  LEADING TO DEA'  (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which	TH of dying, e.g., ans the disease,	CAUSE (A)	Cute Puls	nonay Ede	INTERVAL BETWEE
Z	ANTECEDENT CAUS	SES	(B) XXX (D)	1- Partens	Eclamps	Za
CATIO	RISE TO THE ABOVE CAUSE (A)	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		omeningitis, ac	ute, cause	(over)
	11		_(C)		unknown	(OVEL)
CERI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				
١,	19A. DATE OF OPERATION 7 1	9B. MAJOR FIN	DINGS OF OPER	ATION		20. AUTOPSY?
5				Loss williams and	(TA ! D !!	YES NO L
آة	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			or 21c. WHERE DID	(If in Baltimore City,	give exact location)

21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

23B. ADDRESS

730 29

D. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK

22. I hereby certify that I attended the deceased from.

23A. SIGNATUR

4, 1957, and that death occurred at-

24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify) 2-17-51

BURIAL

deceased alive on

DATE RECEIVED BY

VS 150

REGISTRAR'S SIGNATURE

14, 1951, that I last saw the

25. FUNERAL DIRECTOR

from the causes and on the date stated above.

23c. DATE SIGNED

1446

Autopsy findings: lo eclampsia. Leptomeningitis acute, cause unknown N rmal pregnancy and delivery 2/13/51 8/28/51

Dr. Fales ook this information over pho e

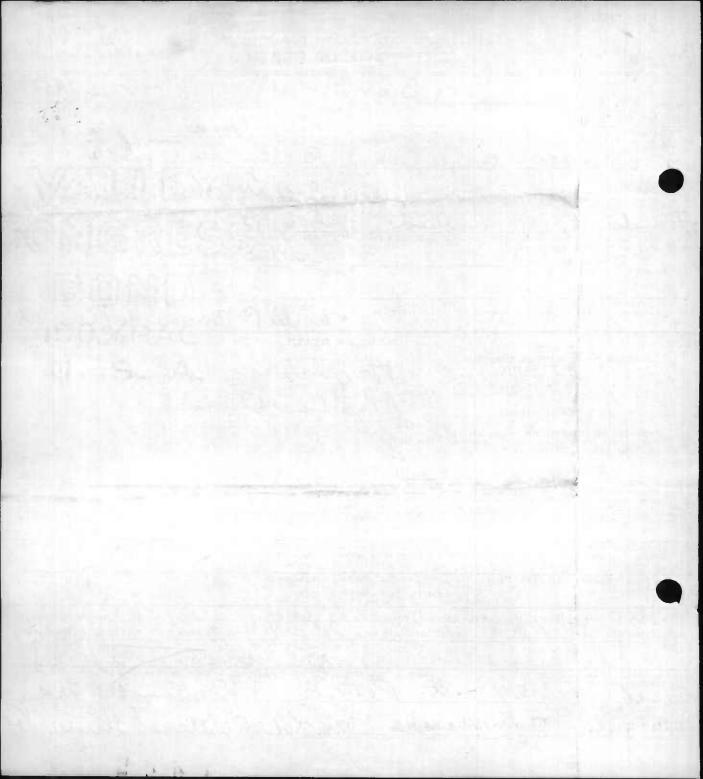
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH roww. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RULAL and give INSTITUTION township) D. STREET ADDRESS (If rural give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. SINGLE, MARRIED M Under | Year WIDOWED, DIVORCED (Specify) Months Days last birthday) Hours! Min. malled 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR (1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of work iog life, even if retired) INDUSTRY WHAT COUNTRY tuseur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. DIMINUM. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION MEDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! AT WORK WORK .19\_ 22. I hereby certify that I attended the deceased from. ..., that I last saw the and that death occurred at 100 m. From the causes and on the date stated above. deceased alive on 19 23A, SIGNATURE 23B. ADDRESS 230. DATE SIGNED M. D. 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)

2leste

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

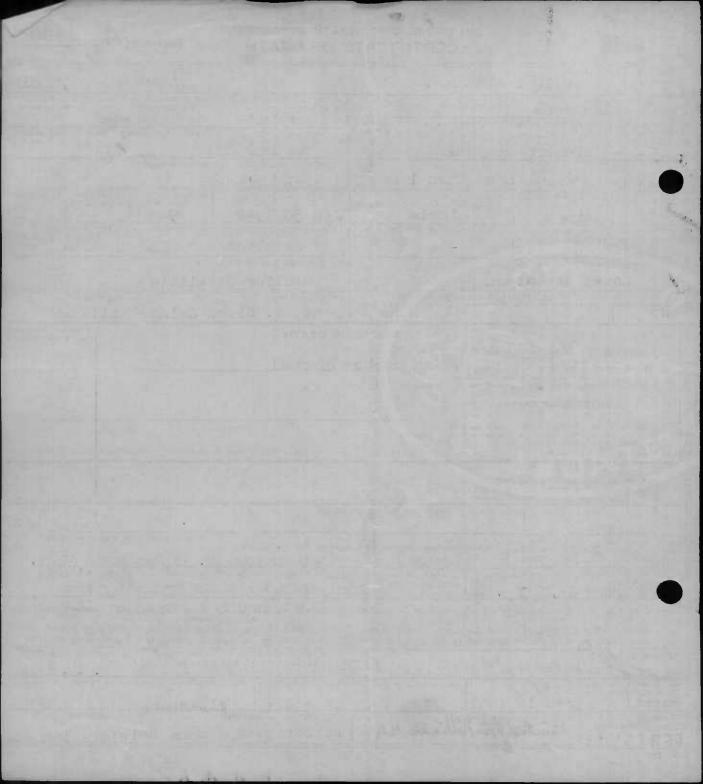
25. FUNERAL DIRECTOR

ADDRESS 3



Registered No. 1448

1. NAME OF DECEASED (Type or Print) FRANKLIN T SIMON					2. DAT OF DEA	Febru	ary 13	, 1951	
3. PLACE OF DEATH:				4. USUAL RESIDENCE (Where deceased lived, If institution : residence					
A. Baltimore City, Maryland				A. STATE B. COUNTY Baltimore				re admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)									
University Hospital				Owining	s Mills	WINES	-181,115	township)	
-	130	0112 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2000000	Yrs.	D. STREET ADDRE			1177723	
gth of stay in Baltimore Lass than 1 da Mos.				Painter's Lane					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	last	(in years irthday) M	If Under 1 Year lonths Days	Hours Min.		
10	male	white		oingle	Jan 30 19		n t way t	I 12. CITIZI	EN OF
10A. USUAL OCCUPATION (Give kind of Nork done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY				Maryl		1019)		COUNTRY	
13	FATHER'S				14. MOTHER'S MA				
		ney Mac S	imon			e E. Litt	le		
15	. WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
(Ye	NO or unknown)	(If yes, give war or d	ates of service)	SECURITY NO.	Loney M.	Simon Owi			d
	18. E 8	12 6		CALIEE	OF DEATH				VAL BETWEEN
		1			OF BLATE			ONSET	AND DEATH
		SE OR CONDITIO LEADING TO DE	EATH	W	o of alauli				
	(This doe	s not mean the mod ure, asthenia, etc. It n	e of dying, e. neans the disea		e of skull		•••••		***************************************
	injury or	complication which	caused deat	h.) DUE TO					
		ANTECEDENT CA	USES						
z	DISFASE	S OR CONDITIONS	IF ANY GIVE	(B)		••••••••			
RTIFICATION	RISE TO	THE ABOVE CAUSE (	A) STATING T						
AT.	UNDERL	TING CONDITION	LASI.	(C)					
2		11							
F		SIGNIFICANT CON							
ER		G TO THE DEATH, BUDISEASE OR CONDITE							***************************************
U.	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER				ATION			20. A	UTOPSY?
1								YES	No X
EDICAL		EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						give exact l	ocation)
ED D		UNDERLYING A OR CONTRIB. about home, larm, lactory, etrees, office bidgs, e				own Rd. 75	feet r	north of	f St.
Σ		(Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR			
	Febr	uary 13,195	13.30m.	WHILE AT NOT WHILE	x Pedestria	n struck by	y trail	Ler true	ek
	22. 1 certi	ify that I took ch	arge of the	remains described of	bove, held an In	quiry & In	spection	n thereon	and from
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes □, accident ☒, suicide □, homicide □, undetermined □.							ated above	
П	23A. SIGNA		n resulted.	A		EDICAL EXAMINE			
		tanley	A. N	Julachy		FDICAL FXAMINE	R	1	1951
24 T1/	AA. BURHAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION	(City, town	n, or county)	(State)
	Burial	Feb l	5 1951	Finksburg	Cemetery	Finksh	urg		Md
D	ATE RECEIVE	D BY REGISTRA	R'S SIGNARI	19F.	25. FUNERAL DIR	ECTOR		ADDRESS	
-	FFR 1 5 1	951	4.750 11	Mianus, Mate	Wm Berrym	an & Sons	Reis	tersto	wn Ma
V	S 151		0	,84,08,236,000				1700	
	^	1 0 0 0						11/10	1/2



VS 150

Burial

280 50

Cathedral

25. FUNERAL DIRECTOR

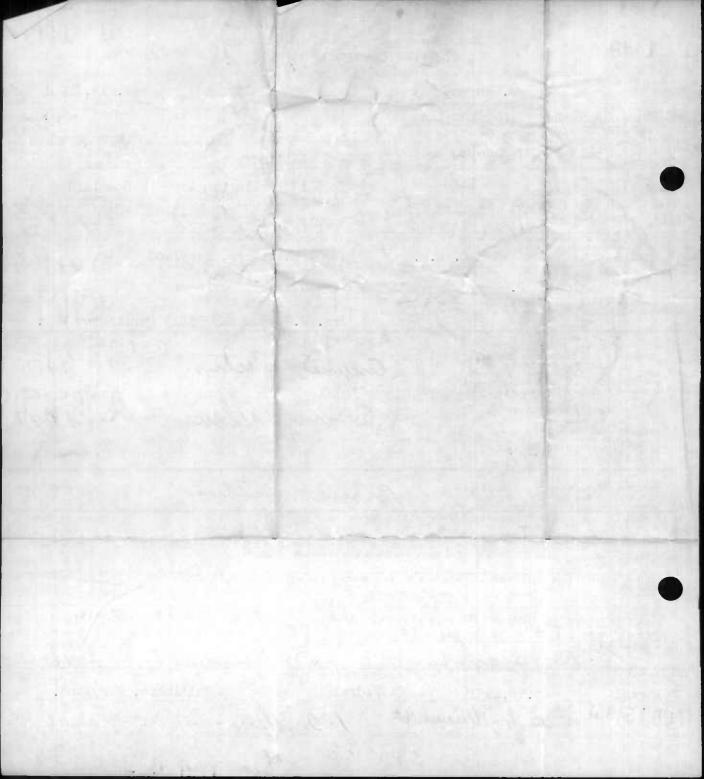
Feb.16,19514

REGISTRAR'S SIGNATURE

17 940

ADDRESS

Baltimore, Maryland.



` -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tamer	401311 111	MOCINE.		DEATH	MORRE TO TO	71
3.	PLACE OF DE	ity, Maryland B	ATTTMO	PE CITY	4. USUAL RESIDEN	CE (Where deceased live	d. If institution: residence	
В.	FULL NAME			on, give street address or	BALTIMORE	CITY		
	OSPITAL OR	NONE 7/	00	location)	C. CITY OR TOWN	(If outside corporate	imite waite RERAL and	
0	0	101 Tr • 10	08 DRUI	D HILL AVE.	BALTIMORE	CITY MARYLA	ND towns	nip
1			TTOD	Yrs.	D. STREET ADDRES			
C.	Length of st	ay in Baltimore	LIFE.	Mos. Davs	1608 DRUIT	HILL AVE.		
		6. COLOR OR RACE		, MARRIED.	8. DATE OF BIRTH	9. AGE (In year	s If Under 1 Year It Under 24 h	lours
	ALE	COLORED	to	ED, DIVORCED (Specify)	JAN 1,1880	71	Months Days Hours M	lin.
orl	done doring most of	UPATION (Give kied of worklog life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF	RY
	BUNNER				_ HARYLAND		USA COUNT	
13	FATHER'S N.				14. MOTHER'S MAID			
	ENI	ANUEL HENS	ON		Mortifin	N		
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
18	a, Bo or ookoowo)	(If yea, give war or date	s of service)	SECURITY NO.		Henson 1608	8 Druid Hill	
	18. 44		YEAR T	CAUSE	OF DEATH		INTERVAL BETW	EEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CHRONIC MYOCARDITIS JANUARY 7  (A)  CHRONIC MYOCARDITIS JANUARY 7					7 1948	••••	
ALCN	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CHRONIC INTERSTITAL NEPTHRITIS  OUE TO					IS 19 <b>4</b> 8,	•••••	
-	EX ILLE						1040	
1								
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  GANGRENE OF TOES.						1951.	
ı	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY	?
4	NONE					YES NO	X	
EDIC	21a. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give e. INJURY OCCUR?)						ty, give exact location)	
Σ	INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK							
	22. I hereby	we on FEBY 13	2, 19 51,	deceased from JAN and that death occur	red at 2.10 Pm., f	rom the causes and o	9.5,Ithat I last saw on the date stated abo	ve
-	224-EICHIAM	MDE / // // .		// 1	25 ADDDECC		1 330 DATE CLON	STREET, STREET,

3013 ST PAUL STREET. FEBRUARY 13 105

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE

A5. FUNERAL DIRECTOR

Mt. Auburn Cem

720+A

LOCAL REGISTRAR VS 150

REGISTRAR'S SIGNATURE

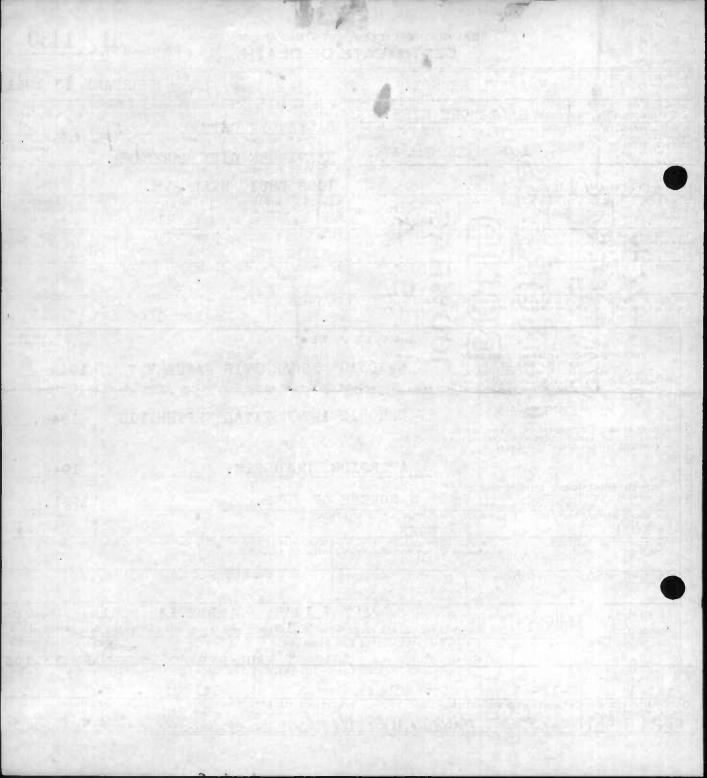
2-16-51

Md.

ADDRESS

Baltimore

Burial DATE RECEIVED BY



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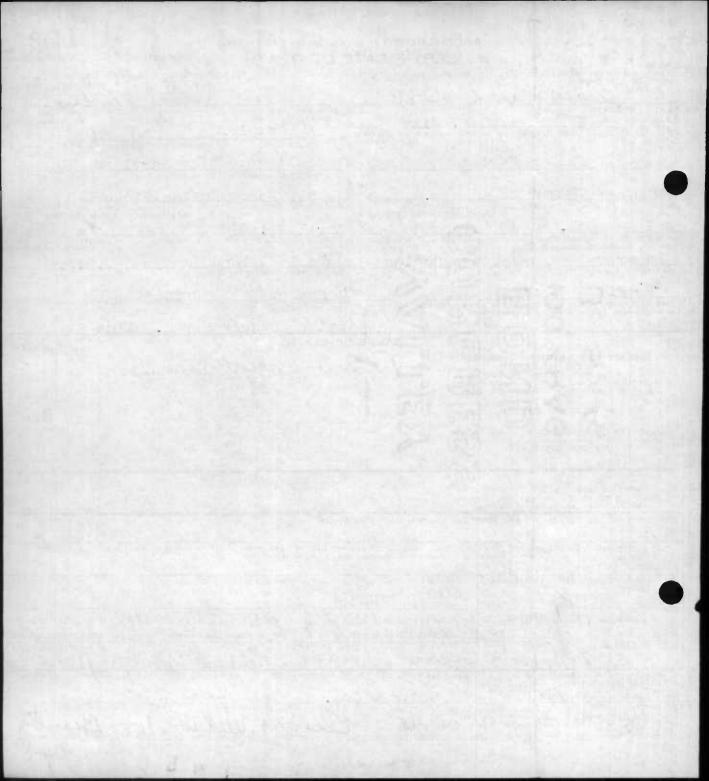
## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	E OF DEATH Registered No.	100
1. NAME OF DECEASED Wolker, Many	2. DATE OF DEATH 2/11-5	7
a. PLACE OF DEATH:  A. Baltimore City, Maryland Color, City  B. FULL NAME OF (If not in hospital or institution, give street address of the color of	4. USUAL RESIDENCE (Where deceased lived, If institution: r. A. STATE B. COUNTY before	esidence admission
HOSPITAL OR Franklin Square Argh	C CITY OR TOWN (If outside cornerate livitie write #118)	L and give township
Length of stay in Baltimore 52 910.  Mos. Days	D. STREET ADDRESS (If rural, give location)  141 D. W For + mont Are	
5. SEX 6. COLOR OF RACE 7. SING E. MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year )	Under 24 Hours Lours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR Work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN WEST	OF OUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, po or nnknown) (If yes, give war or dates of service) SECURITY NO.	IV. INFORMANT ADDRESS	To
18. 147.1 CAUSE	OF DEATH INTERVALONSET	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	menory at electaris.	**
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Proceed ANTECEDENT CAUSES	emanio.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	und of the force (0)	ver)
UNDERLYING CONDITION LAST,	nortensise conta-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	uls direar.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION porting flowed. VES VES	TOPSY?
O 314 ACCIDENT SUICIDE   215 BLACE OF INJURY (-		stion)
HOMICIDE (Specify) about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?	
ID. TIME (Month) (Dsy) (Year) (Hour) 21E. INJURY OCCURE		
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur		
	rred at m., from the causes and on the date state 238. ADDRESS 23C. DATE 23C. DATE	ea above
24a, BURIAL, CREMA- 24B, DAZE . 24C, NAME OF CEMETI		
Direct 2/15/51 mb Calv	ug em, Busklyn mg	(State)
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	Eliver D. Wilson 1000 Bran	they
Vs 150	7	THE
	110 256	

DO NOT COPY ON ANY TRANSCRIPT -- FOR STATISTICAL PURPOSES ONLY Wastles a malegiaid turner If so, was the proofed gland the proming site? If secondary please specify the probable primary sete, of hours See Document File 51-1451 2/28/51 The family

#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	110,
1. NAME OF DECEASED (Type or Print)	White		2. DATE OF DEATH	2/T3/T95T
a. Baltimore City, Maryland Rali	0.11	4. USUAL RESIDENCE (W	here deceased lived. I	
B. FULL NAME OF (If not in hospital or insti	tution, give street address or	Maryland	B. COUNTY	lefore admission)
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If	outside corporate lim	its, write RURAL and give
519 Dallas Stree	t	Baltimore (		tommobini
	Yrs.	D. STREET ADDRESS (If	rural, give location)	anu
c. Length of stay in Baltimore T5	Yrs Mos.	5T9 North I	Ct	
5. SEX 6. COLOR OR RACE 7. SING	LE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year If Under 24 Hours Months: Days Hours Min.
7/1-7-1 0 7	owed, divorced (Specify) Vorced	April 17. 1917		lonths Days Hours Min.
IOA. USUAL OCCUPATION (Givekindel IOB KI	ND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	I I2. CITIZEN OF
Vork dune during most of working life, even if retired)  Laborer  Con	scruction			WHAT COUNTRY?
13. FATHER'S NAME	Serue cron	Deals Island 14. MOTHER'S MAIDEN NA	IIQ.	IU.S.A.
Fitus White				
15. WAS DECEASED EVER IN II S ARMED FORCES	16. SOCIAL	<u>Esther</u>	Dennis	
Yes, no nr unknnwn) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
NO		Esther Dennis	519 N.Dal	las St
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, of heart failure, asthenia, etc. It means the dise injury or complication which caused des ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING THE DISEASE OR CONDIT	ease, (A)	2monary In	berculos	
I ISK. BATE OF OPERATION O 198. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
LYING OR CONTRIBUTING about burn CAUSE OF DEATH	LACE OF INJURY (e. g., in le, farm, factory, street, nffice bldg., e	te.) INJURY OCCUR?		give exact location)
m.	WHILE AT NOT WHILE			
	WORK AT WORK	10 -50 2	112 67	
22. I hereby certify that I attended the				L, that I last saw the
23A. SIGNATURE	and that death occur	3B. ADDRESS	e causes and on t	the date stated above.
Myon	rooy M.D.	403 Me	dart By	235 DATE SIGNED
24A. BURIAL, CREMA- 44B/DATE FION, REMOVAL (Specify) 2/76/7957	24c. NAME OF CEMETER	The second second	CATION (City, toyr	n, or county) (State)
70/1001	Mt Calvery C		ooklyn Id	
LOCAL REGISTRAR REGISTRAR'S SIGNAL FEB 5 951	liams, ALA	Elisy O. Wi	lson 100	o Beauty
VS 150				and Aud
	9702	4 0 0 0 1	450/	3/2 000
	101 3			



91 1453 BIRTH NO.

# BROWN BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1453

1. NAME OF DECEASED (Type or Print) Charlatte, Brann	2. DATE OF DEATH Follows 11 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived, If institution / residence
B. FULL NAME OF (If not in hospital or institution, give street address or	m.
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporar limits, write RI RAL and give township)
33 ANNOES HOPENES HOPPING	1sellmane
ngth of stay in Baltimore  TS Vre  Nos. Deve	D. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours
Female Coloned Minney (Specify)	U-14-19 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Housewife At Home	Winsboro S.C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wade Suhen	antie manigant.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT OADDRESS
No la and	WARS HOPKINS HOSPITK!
10. 00 3 3 1 904.0 CAUSE	OF DEATH . INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g.,	Di sontino g. D.
heart failure, asthenia, etc. It means the disease,	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	0.1-1.0
TO THE DISEASE OR CONDITION CAUSING IT.	Lepopholie Klerema
198. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in	
LYING OR CONTRIBUTING about bome, farm, factory, etreet, office bldg., e	tc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	1-31 , 1951, to 2-11 , 151, that I last saw the
	red at 16 cm., from the causes and on the date stated above.
23A. SIGNATURE MC	38. ADDRESS JOHNS TOPKING MORPHUT
M. D. 24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Feb. 17-51 Winshoe	v. Winstow S.C.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 UNERAL DIRECTOR ADDRESS
- Eg 1 0 100 militaris / Milliams, Mar	Chay, O. Wilson 1000 Bunly
VS 150	Elroy O, Wilson 1000 Buntly 74a avg
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В	ALTIMORE CITY HEALTH DEPARTMEN	T Registered No. 1454
51 NO. 1454	CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) (leander-LEANDO	DAVIS	2. DATE OF February 10, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE Marrel on	(Where deceased lived, If institution: residence B. COUNTY before admission
HOSPITAL OR	tution, give abject address of	(If outside corporate limits, write R. RAL and giv
Johns Hopkins Hos	spital Baltimo	re 6-07 township
	Yrs. D. STREET ADDRESS Mos.	
ength of stay in Baltimore  5. SEX [6. COLOR OF RACE] 7. SING	Days   1931 Je	fferson Street  9. AGE (In years   # Under 1 Year   # Under 24 House
WIDO	Sept. 17,190	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done diking most of working life, even if retired)	NO OF BUSINESS OR III. BIRTHPLACE (State o	r foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME
15 WAS DEFEASED EVED IN IL S ADMED FORCES	116. SOCIAL 17 INSORAMIT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or, unknown) (If res, give war or dates of service)	SECURITY NO. WHITE DU	vis 1931 reserson de
18. 443 X	CAUSE OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTI	Hypertensive cardiovs	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de	ease,	2500III OISCASE
ANTECEDENT CAUSES	ath.) DUE TO	
	(B)	
DISEASES OR CONDITIONS, IF ANY, GI ORISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		
A CONTRACTOR CONTRACTOR CAST	(C)	
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  I! OTHER SIGNIFICANT CONDITIONS ( TRIBUTING TO THE DEATH, BUT NOT REL	con-	
TRIBUTING TO THE DEATH, BUT NOT REL	ATED	
	OR FINDINGS OF OPERATION	20. AUTOPSY?
	PLACE OF INJURY (e. g., in or englarm, factory, atreet, office bldg., etc.)	(If in Baltimore City, give exact location)
Zid. Time (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJU	IRY OCCUR?
m.		tion & Inquiry at
	Autops	y, Inspection or Inquiry
and death in my opinion resulted	utopsy, Inspection or Inquiry, find that said I from: natural causes 🖫, accident 🗔. suici	declased died on the day stated doord de $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATURE	238, CHIEF MEDICA ASSISTANT MEDICA M.D. MEDICAL INVESTIG	L EXAMINER X TO 3003
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24C. NAME OF CEMETERY OR CREMATORY 24D	LOCATION (City, town, or county) (State)
Burias 2/15/51	mt calony and	Sweply me
DATE RECEIVED BY REGISTRAR'S SIGNA	TURE STUNERAL DIRECTO	laon 1000 Regently
V S 151	ians, the large was	not
V 3 131	97099	939

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

TABLE STREET

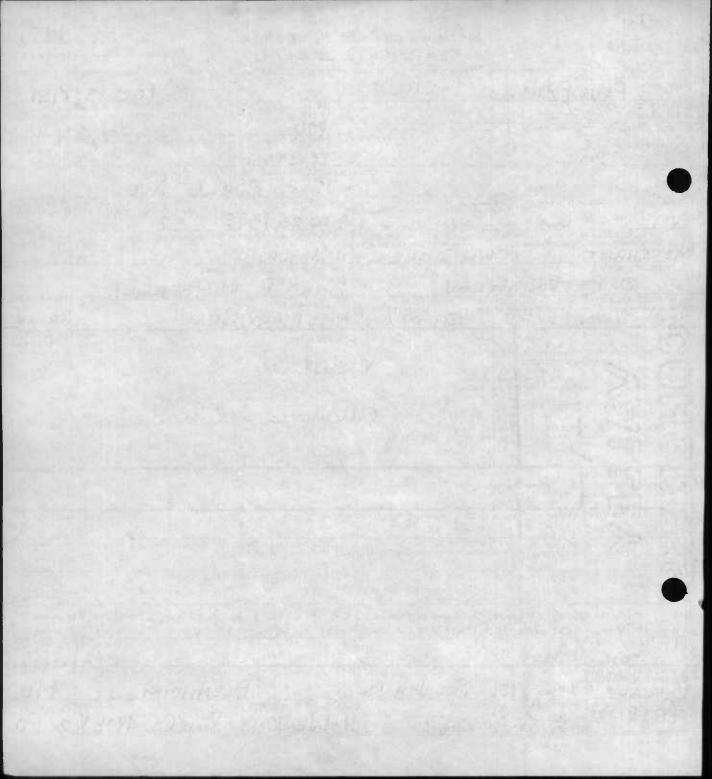
MINERAL DES TRUE VATOARIO ROTTORES 18 TARRES

10	00
51.	1.455

## BALTIMORE CITY HEALTH DEPARTMENT

51 1455

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	To
I. NAME OF DECEASED_ 1	_		2. DATE	
(Type or Print PAUL Edward	Gran		DEATH FEB	.13.1951
a. Baltimore City, Maryland		A. USUAL RESIDENCE ()	Where deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or instit	ution, give street address or location)		Dalst	intere
INSTITUTION		TOWSON	outside corporate limits	s, write RURAL and give township)
Sinas	Yrs.	D. STREET ADDRESS (If	rural, give location)	C-2.11 A
ngth of stay in Baltimore	Mos. Days	12 W. BUR	KE AVE.	<b>新州州</b>
5. SEX 6. COLOR OR RACE 7. SING	LE. MARRIED. OWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year If Under 24 Hours nths: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIN	9	HUG. 26, 1893	57	
work dooe during most of working life, even if retired)	ND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
MERCHANT OWN	1 STORE	14. MOTHER'S MAIDEN N	AME	U.S.
O. PETER GR	LA.	1 0 1.	OMBERGE	D
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) . () f yes, give warpor dates of service)	16. SOCIAL	17. INFORMANT		DDRESS
YES WORLD WAR I	214-09-0037	MISS MARY G	RAU	SAME
18. /8/ X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL' LEADING TO DEATH	20	lad J		
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	ase.	refasiones		
injury or complication which caused dea	th.) DUE TO			
ANTECEDENT CAUSES	C (	& Commission	Pladde.	
DISEASES OR CONDITIONS, IF ANY, GIV	ING			
UNDERLYING CONDITION LAST.	(C)			
<u> </u>				
DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RELA				
TO THE DISEASE OR CONDITION CAUSING				
19A. DATE OF OPERATION   19B. MAJO	R FINDINGS OF OPER	ATION		20, AUTOPSY?
	LACE OF INJURY (e.g., in		If in Baltimore City, g	rive exact location)
LYING OR CONTRIBUTING   about hom	e, farm, factory, street, office bldg., e	ote.) INJURY OCCUR?		
2.1D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended th			2 13 , 195	, that I last saw the
deceased alive on 2 12, 1951				ie date stated above.
23A. SIGNATURE		3B. ADDRESS		23C. DATE SIGNED
24A. BURIAL, CAEMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
BURIAL 2-16-1951	ST. JOHNS	Bu	ENHEIM	MD
DATE RECEIVED BY REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR	~	ADDRESS
TED Thurthe Jan Milli	entile, Alabi	H.W. JENKINS&	JONS CO. 49	05 YORK RD.
VS 150	290	/ /		500
	de 7	6 V		3210



238. ADDRESS

23c. DATE SIGNED

23A. SIGNATURE TION, REMOVAL (Specify)

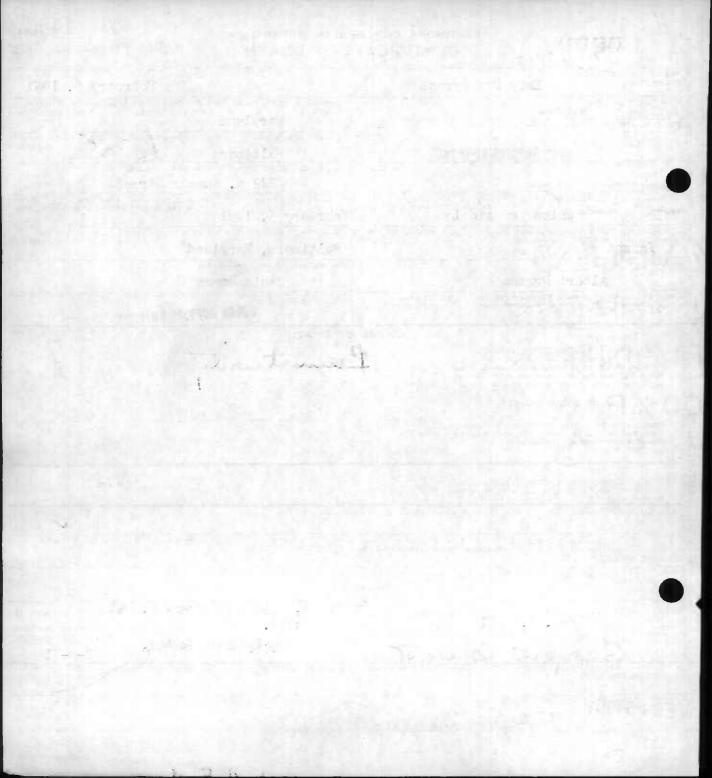
CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

DATE RECEIVED

25. FUNERAL DIRECTOR

ADDRESS

24A. BURIAL, CREMA- 248 DATE



5 MB	3 6 D-145729 IRTH NO.	1457	1	TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No.	1457
(T	NAME OF D ype or Print)	Bab	y Girl	Kendrick ( Rol		2. DATE OF DEATH Feb.4	
	Baltimore (	EATH: City, Maryland		THE PROPERTY OF	A. STATE	Where deceased lived, If inst B. COUNTY	titution : residence before admission
В.	FULL NAME	OF (If not in hospit		ion, give street address or location)	Maryland		<
	STITUTION	Baltimore		ospidats		If outside eorporate limits, w	rite RURAL and give township
7		4940 Easte	rn Aver	rue Yrs.	Baltimore D. STREET ADDRESS (I	f rural, give location)	
	erth of s	tav in Baltimore		T . C Mos.	1210 Canal Ct		
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years II Und	er i Year   If Under 24 Hours
	Female	Negro		/ED, DIVORCED (Specify)	Feb.4,1951	last birthday) Month	B Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)   12	. CITIZEN OF
worl	k doos during most	of working life, eveo if retired)		INDUSTRY	Maryland		WHAT COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
	Norwoo	d Harding		Marie Street	Roberta Kendri	ck	
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT Balt		RESS <sub>2</sub>
(10	s, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Records: 4940	Eastern Avenu	luais
	(This does	SE OR CONDITION LEADING TO DEAT	r <b>H</b> f dying, e. 1	Congen	OF DEATH		ONSET AND DEATH
CERTIFICATION	heart failu injury or DISEASE:	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) VING CONDITION LA	ns the diseas aused death ES F ANY, GIVIN STATING TE	e, DUE TO Fusion	of extended Sac		
CERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
۲	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		2C. AUTOPSY?
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City, give	exact location)
2.	21D. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJUR	RY OCCUR?	

2-4-

B.C.H. Crematory

23B. ADDRESS

. 1951, to\_\_

19 51. and that death occurred at 5:342m., from the causes and on the date stated above.

M. D. 4940 Eastern Avenue 2-12
24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

2-4

4940 Eastern Avenue

VS 150

deceased alive on

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Cremation

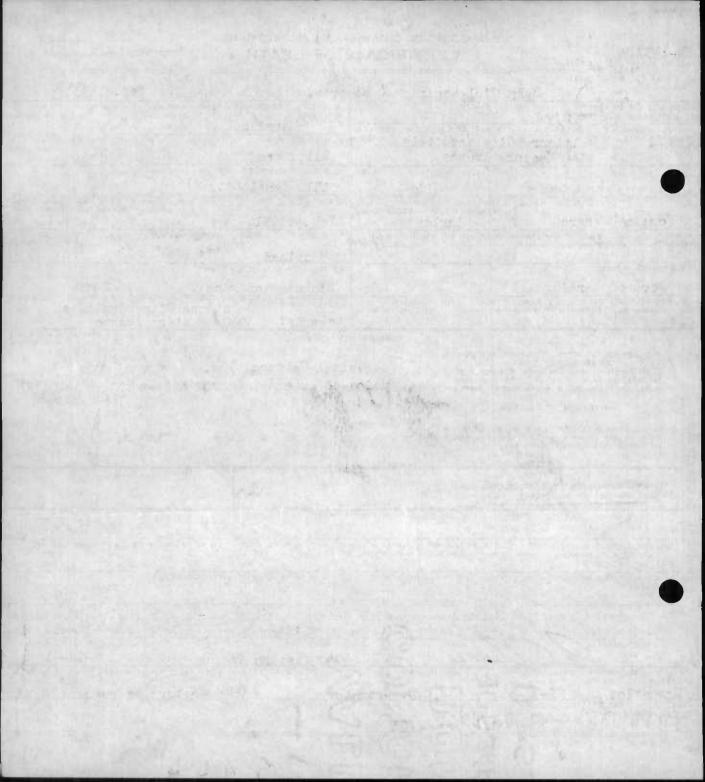
22. I hereby certify that I attended the deceased from.

157M

, 19\_51, that I last saw the

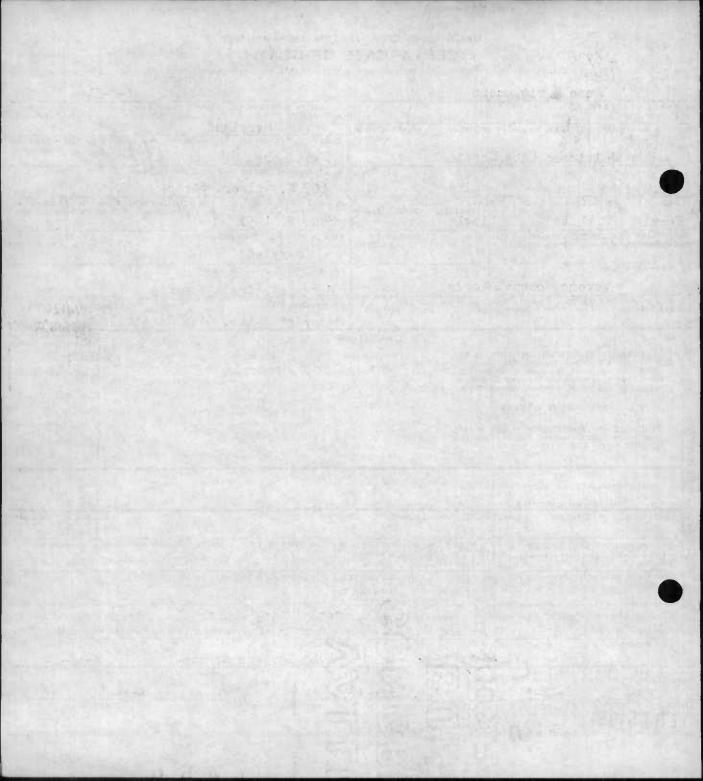
ADDRESS

23c. DATE SIGNED

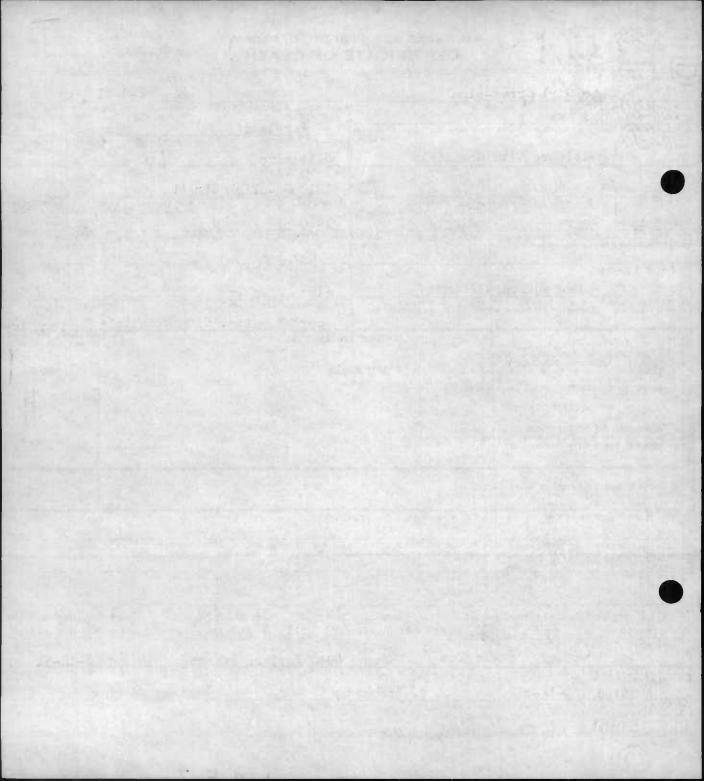


260 51. 1458 BALTI BIRTH NO. 14573657-03/62/C		EALTH DEPARTMENT	Registered )	51 1458
1. NAME OF DECEASED (Type or Print) Anne Marie Acero			2. DATE OF DEATH 2-	8-51
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION	give street address or location)	Marylan c. city or town (if		ts, write RORAL and give
Baltimore City Hospit		Baltimore	1-	township)
c. Ogth of stay in Baltimore Life	Yrs. Mos. Days	607 N. Calvert		
Female White Single	MARRIED.  ), DIVORCED (Specify)	8. DATE OF BIRTH Feb. 7, 1951	9. AGE (In years last birthday) Mo	If Under 1 Year If Under 24 Hours on this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Severo Somomoh Acero		Margaret Virgin	ia Bartma	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS 4940
		Records* Balto.		
LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Subare DUE TO  (B)  DUE TO  (C)	achnoid Hemorrhag	>	Life
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR F	NDINGS OF OPER	ATION		2C. AUTOPSY?
	OF INJURY (e. g., in factory, atreet, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City,	give exact location)
INJURY	E. INJURY OCCURRI	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the de	eaged from	2-7-51 19 51 2	-8 10.5	that I last saw the
	d that death occur	red at 10-15 nt. from ti	he causes and on t	he date stated above.
23A. SIGNATURE		38. ADDRESS 4940 Eastern Av		23c. DATE SIGNED 2-12-51
TION, REMOVAL (Specify)		RY OR CREMATORY 24D. LO		
Cremation   2-12-51   B.	C.H. Cremato		Eastern Aver	
FEB 151957 Lating Fr. Wall	CHILL ALE	25. FUNERAL DIRECTOR	у.	ADDRESS
VS 150				1600

160a



	TIMORE CITY HE		ENT 50	1459
1. NAME OF DECEASED (Type or Print) Baby Girl Brown-Alm	a		2. DATE OF DEATH 2-9-5	1
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	CE (Where deceased lived, If in B. COUNTY	
B. FULL NAME OF (If not in hospital or institut HOSPITAL OR INSTITUTION	on, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate limits,	Mrife RURAL and give
Baltimore City Hos		Baltimore	1100	township)
c. eigth of stay in Baltimore Lif	Yrs. Mos. Days	1218 McCull	oh Street	
Female Negro Si	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 1-20-51	9. AGE (in years) If U	nder   Year ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	./
James Edward Will 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	Alma Brown	ADI	DRESS 4940
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.		to. City Hospital	17 10
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE	(B)			2 Days
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D			
194 DATE OF OPERATION A 198 MAJOR	FINDINGS OF OPER	ATION		2C. AUTOPSY?
LYING OR CONTRIBUTING about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID tw.) INJURY OCCUR?	(If in Baltimore City, giv	ve exact location)
INJURY	VHILE AT NOT WHILE AT WORK	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended the	deceased from 1	_20 <u>, 1951</u> , <i>t</i>		that I last saw the
deceased alive on 19, 191, 1923 A. SIGNATURE		red at <u>8:15 <b>м</b>., fr</u> зв. address 4940 Eastern	om the causes and on the	date stated above. 23c. DATE SIGNED 2-12-51
TION, REMOVAL (Specify)	24c. NAME OF CEMETER	RY OR CREMATORY 2	4D. LOCATION (City, town, or	r county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATU	B.C.H. Cremato	25. FUNERAL DIREC	940 Eastern Aven	aue
VS 150	Wente, MAR	\\		1698



DUE TO

DUE TO

(C) ...

51 1450 Registered No. DEATH Feb. 6, 1951 before admission) (If outside comporate limits write RURAL and give township last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 1 Yr. 2C. AUTOPSY (If in Baltimore City, give exact location)

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

LEADING TO DEATH
(This does not mean the mode of dving, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

2-6-51 Congental Heart Defect 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour)

218. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bidg., etc.)

21E. INJURY OCCURRED

Cardiac Failure

WORK 22. I hereby certify that I attended the deceased from 12-27

deceased alive on 2.6 ... 19 51, and that death occurred at 10:40 am, from the causes and on the date stated above.

248. DATE

2-6-51

M. D. 4940 Eastern Avenue

24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)

23B. ADDRESS

. 19.50 to 2-6

21F. HOW DID INJURY OCCUR?

4940 Eastern Avenue

Cremation DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA TION, REMOVAL (Specify

INJURY

B.C.H. Cramatory REGISTRAR'S SIGNATURE .

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

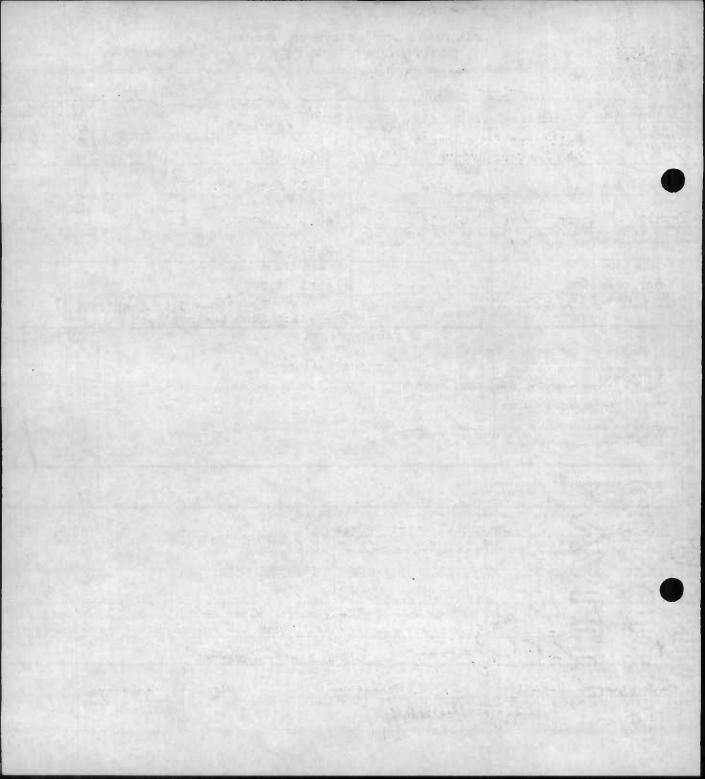
ADDRESS

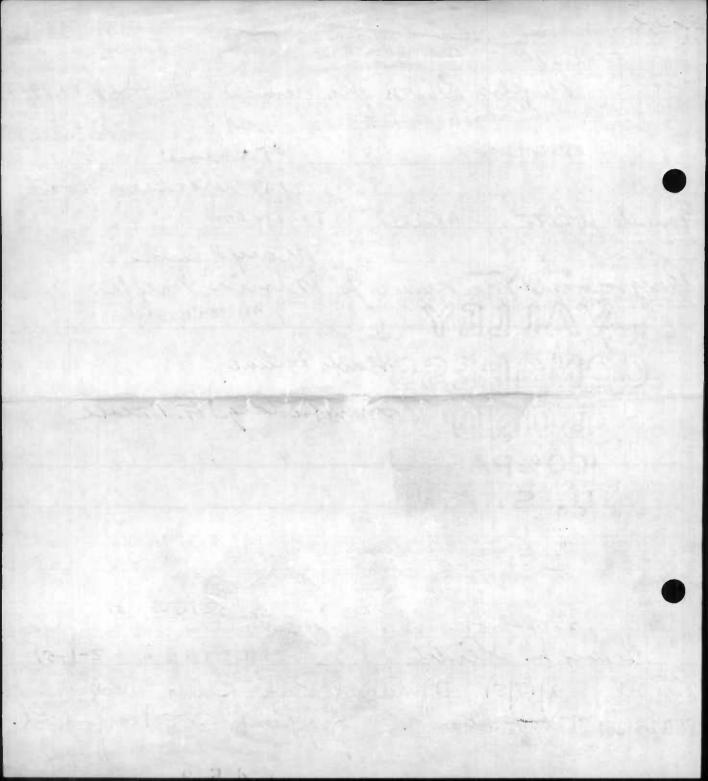
.. 19 51that I last saw the

23c. DATE SIGNED

RTIFICATION

DICAL





53	0
51	1462

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.			CERTIFICAT	E OF DEAT	H Re	egistered No.	
1. NAME OF D (Type or Print)	clara Be	lle Sm	ith		2. DAT OF DEA	Feb.13	,1951
	City, Maryland	al or instituti	on, give street address or	A. USUAL RESIDE	ENCE (Where dece		
HOSPITAL OR			location)	C. CITY OR TOWN	(If outside co	rpo ate limits, w	rite RURAL and give township)
2020	W. NOT GIL	Ave.,	75- Yrs.	D. STREET ADDRE		location	
c. ngth of s	tay in Baltimore		Mos. Days		orth Ave.		
5. SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE	(In years   Il Unde	r I Year   If Under 24 Hours
Female	White		ED, DIVORCED (Specify)	Oct.21,18	75 75		B Days Hours Min.
HOUS 8-W		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign cour	ntry)   12.	CITIZEN OF WHAT COUNTRY?
Joseph				MarionCl			
15. WAS DECEASE Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? a of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs. Vivian	C.Moore	5316 Wei	
C C C C C C C C C C C C C C C C C C C	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication is the complication of the death, but itsease or condition	I'H of dying, e. g ns the disease caused death.  SES  F ANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE:	(B) OUE TO  (B) OUTER  (C) Br	may The isolatolic onchoping	Carloro Carloro Leseze. Lewonia.	serler	
19A. DATE C	F OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING	21B. PLA about home, fa	CE OF INJURY (e. g., is	or 21c. WHERE D	(If in Balti	more City, give	
D. TIME (	Month) (Day) (Year)	w	THILE AT NOT WHILE	ED 21F. HOW DID	INJURY OCCUR	7	PALL MARK
22. I hereb	n eertify that I att		deceased from He	2, 195	1/to Feb. 13	, 195/, ti	hat I last saw the
deceased al		. 195 6	and that death occur		from the cause		late stated above.
23A SIGNAT	wel DY	Wh	M. D.	38. ADDRESS ()	with a	ve 2	2-14-SI
24A. BURIAL (STION, REMOVAL (SBurial	248. DATE 2-17-1		Loudon Par		Baltimo		Md. (State)
DATE RECEIVE	D BY REGISTRAR	SSIGNATU	RE	25. FUNERAL DIR			DDRESS
ECD-1 F10	Ca Hunting	海下114	iams, Mile a	. Howard St	rong 3207	W. Nort	h Ave.,
E Dys 1503	31	,					0 - \

1337 ENOUTE Dr Samuel B Wolfe

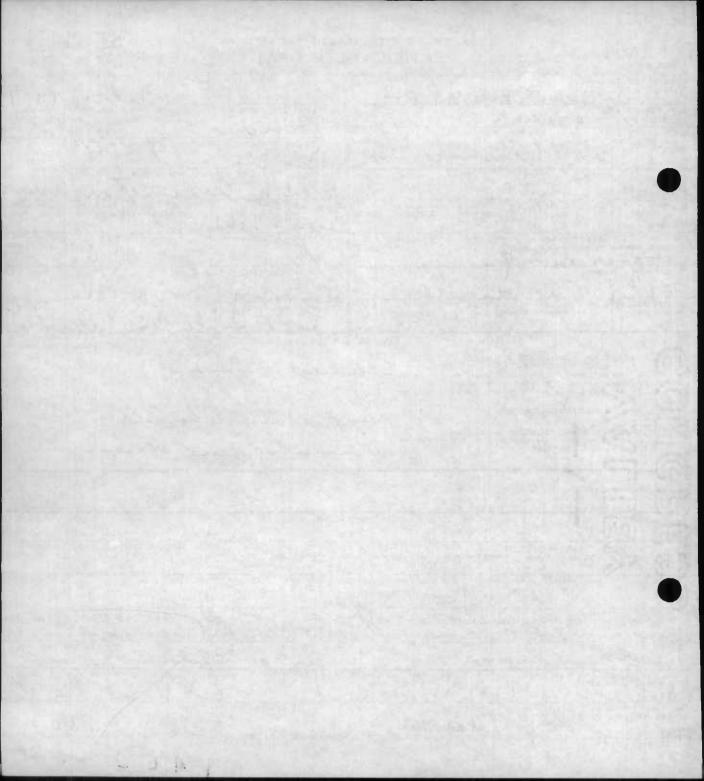
320	
51 1463 CERTIFICATI	
1. NAME OF DECEASED (Type or Print)	loey 2. DATE OF Tell 12,1951
A. Baltimore City, Maryland Wed - ONLV	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HILLS HOPKIES HOSPITAL)	C. CITY OF TOWN A (If outside corporate limits, write RURAL and give township)
TOTAL ROTAINS RUSPITAL	o. STREET ADDRESS (If rural, give location)
c. eight of stay in Baltimore 30 Mos.	807 15 St Up. PX me
5. SEX 6. COLOR OR RAGE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	3-15-94  9. AGE (In year) If Under I Year If Under 24 Hours Instituted Months Days Hours Min.
10A. USUL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY  Work done during most of working life, even if retired)  STEEL MILL	11. BIRTHBLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wer of dates of service) SECURITY NO.	HILS HOPKIES HOSPITAL
18. 450.0 CAUSE C	OF DEATH
(This does not mean the mode of dying, e.g.,	IRATION PHEUMONIA 8 HISS.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	ERACIZED ARTERIO-
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	SCLEROSIS 10YRS.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	
CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 12 deceased alive on 2/12, 1951, and that death occur	
23A. SIGNATURE 2	38. ADDRESS NEE HAPPING HAUPING   23c. DATE SIGNED
24A. BURIAL, REMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL Specify)	2435
Burial 2/16/5/ Family	hot Keysville Va.
TEBUSE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Vs 150	Sub Hill bin & 1631
523 34	+

12-2-21 Server 10 - 12-57

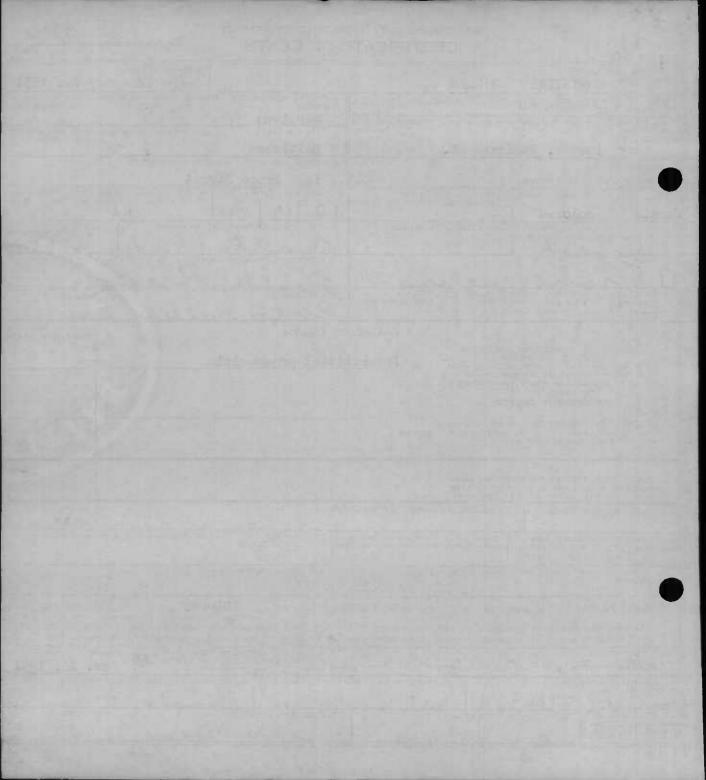
III = 2/3/5 46262

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

) ]	RTH NO.	4		CERTIFICAT	E OF DEAT	H Re	gistered No	
	NAME OF E		Y SA	NTH		2. DAT	Δ. 1.	14 1951
	PLACE OF E	City, Maryland			A. STATE	ENCE (Where decea	sed lived. If insti	tution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION		al or instituti	ion, give street address of		(If outside con	rponte limits, we	ije RJRAL and give
0		626 Cu	em	you are	D. STREET ADDRE	ESS (If rural, give	/ O	township)
c.	Length of s	stay in Baltimore	7	Mos. Days	1. 1 1 10	arli	netor	a ave
5.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE last b	irthday) If Under	Vear If Under 24 Hours Days Hours : Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most nf warking life, even if retired) INDUSTRY					11. BIRTHPLACE	State or foreign cour		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			fe		14. MOTHER'S MA	IDEN NAME		1.5.4.
	Rob	t. Pers	Man	ree	P. 10	- \r		10
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war nr dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	01 40	ADDR	ESS GM.
	18.			CALISE	OF DEATH	imily.		INTERVAL BETWEEN
	DISEA (This does heart fails	SE OR CONDITION LEADING TO DEAT so to mean the mode o are, asthenia, etc. It mean complication which c	H f dying, e. g ns the disease	(A) - ZL		<u>`</u>		ONSET AND DEATH
Ų.		ANTECEDENT CAUS			,	. 0	1.,	
CATION	RISE TO	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	(B)	pertens	rend.	kluai	~
CERTIFI	TRIBUTIN	II  SIGNIFICANT CONDI  G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D				
_	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION							20. AUTOPSY?
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g. arm, factory, street, office bldg			more City, give	
Σ	P. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	ε	INJURY OCCUR	?	
	22. I herel	y certify that I att	ended the	deceased from	w/2 , 195	1, to Fel.	74, 195!th	at I last saw the
	deceased a	live on Felig	, 195/		urred ato : 304 m. 238. ADDRESS			
2	AA. BURIAL,	CREMA- 24B. DATE	me !	M. D.	805-M	Jees LOCATION	City town or o	Q 15-69 county) (State)
1	ON, REMOVAL (	Specify, 2 17	51	new-K	ent	New 1	City, town, or e	Co Va.
	ATE RECEIVE		210.	MA, Alak	25. FUNERAL DIR	1. Kola	AD	1303
11 By 5,951								
						13/2	. 0 4	and st



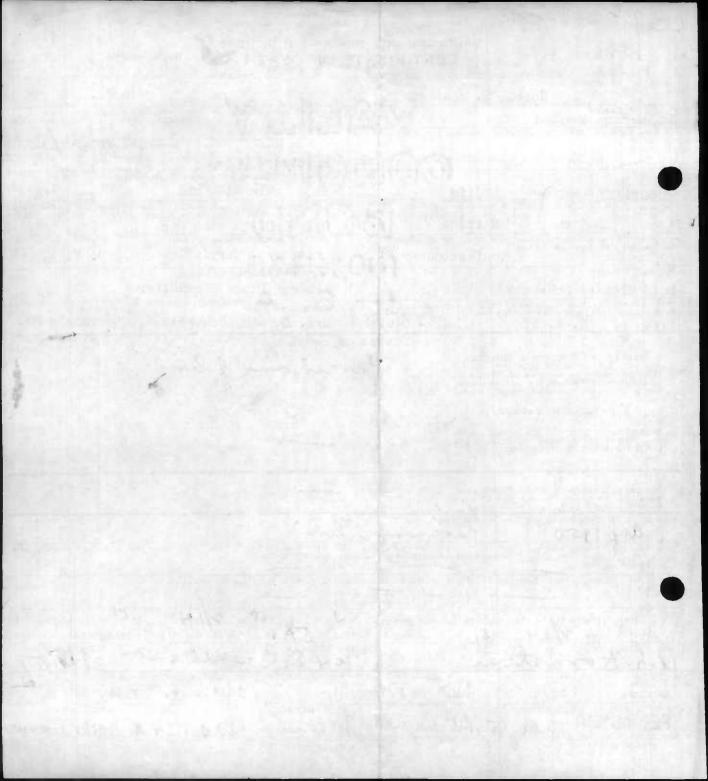
51 1460 BALTIMORE CITY HEALTH DEPARTM CERTIFICATE OF DEATH						
1. NAME OF DECEASED (Type or Print) CHRISTINE MULLEN	of Death February 14, 1951					
A. Baltimore City, Maryland	NCE (Where deceased lived. If institution: residence B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  1000 N Stricker St.	(If outside corporate limits, write RUIAL and give township)					
1029 N. Stricker St.  Baltimore  Yrs.  Mos.	55 (If rural, give location)					
c of the of stay in Baltimore Days 1422 Bruc 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED, 18. DATE OF BIRTH	1422 Bruce Street  18. DATE OF BIRTH					
female colored WIDOWED, DIVORCED (Specify)   2   17	last birthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ate or foreign country)   12. CITIZEN OF WHAT COUNTRY					
13. FATHER'S NAME 14. MOTHER'S MAI	DEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17 INFORMANT	& Breen					
(Yes, no or unknowd) (If yes, give war or dates of service) SECURITY NO.	Mullian Bauss 1422					
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH  (A) Interstitial pneumo	nitis					
ANTECEDENT CAUSES						
Z DISEASES OR CONDITIONS, IF ANY, GIVING O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES XX NO					
21a. EXTERNAL CAUSE WAS UNDERLYING  OR CONTRIB- about home, farm, factory, street, office bldg., etc.)  OUTING CAUSE OF DEATH.						
215. TIME (Month) (Day) (Year) (Hour) 215. INJURY OCCURRED 215. HOW DID WHILE AT WORK NOT WHILE AT WORK	NJURY OCCUR?					
22. I certify that I took charge of the remains described above, held an autopsy  Autopsy, Inspection or Inquiry						
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes ♣ accident □, suicide □, homicide □, undetermined □.						
23a. SIGNATURE  Startley & Durlocher M.D. MEDICAL INVES	DICAL EXAMINER 23c. DATE SIGNED DICAL EXAMINER Feb. 14, 1951					
ZAA. BURIAL, CREMAN 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY TOO, REMOVAL (Specify)	24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRE	CTOR ADDRESS					
VS 151 Presot	man It 114E					



51 146	6			ALTH DEPARTMENT	Registered 1	01. 1400
BIRTH NO.			CERTIFICATI	E OF DEATH	negistered 1	
1. NAME OF DE (Type or Print)		oh S. S	chwartz		OF 2/15	/51.
3. PLACE OF DE.	ATH:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. USUAL RESIDENCE A. STATE		institution: residence before admission)
		al or instituti	ion, give street address or	Maryland	OKS	21/
INSTITUTION	5100 Levinda	ale Ros	location)		(If outside corporate limit	ts write RURAL and give township)
00	OTOO DEATING	LLC MOA	Yrs.	Baltimore	(If rural give leastion)	
c langth of at	ay in Baltimore	T : 0	Mos.	5100 Levindal		
	ay in Baltimore		, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
Make White Widowed, DIVORCED (Specify) Married M.		2/19/1905  AGE (In years a under least birthday)  Months: Days Hours Min.				
work done during most of	UPATION (Give kind of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF
Proprieto	r	Confec	tionary Store	* /	The state of the s	U. S. A.
13. FATHER'S NA				14. MOTHER'S MAIDEN		
	hael Schwart			Rebecca Bluma	a Bookhalter	
15. WAS DECEASED (Yes, no or unknown) Yes	EVER IN U. S. ARMED (If yes, give war or dates W. W. II	FORCES? of service)	16. SOCIAL SECURITY NO. 212-10-9152	Mrs. Dorothy Schwartz-5100Levindale Rd.		
						INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION -   20. AUTOPSY?					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) CAUSE OF DEATH  T. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE WORK  21B. PLACE OF INJURY (e. l., io or low o						
						I, that I last saw the
		., 19. <b>5</b> /	and that death occur	red at 5 A.m., from	n the causes and on t	he date stated above.
26) SIGNATI	tonst	un	м. р.	20 4 E. Be	Hest	23c. PATE SIGNED
24A. BURIAL, CF TION, REMOVAL (Sp. Burial	24B. DATE 2/16/5:		Hebrew Friends		altimore, Mary	
DATE RECEIVED	BY REGISTRAR'S	SIGNATU	RE	Sol Levinson +I		With Wenus
	1 10,000			a do a come o . A.	THE THE PARTY OF T	THE COURT

VS 150

290 GA

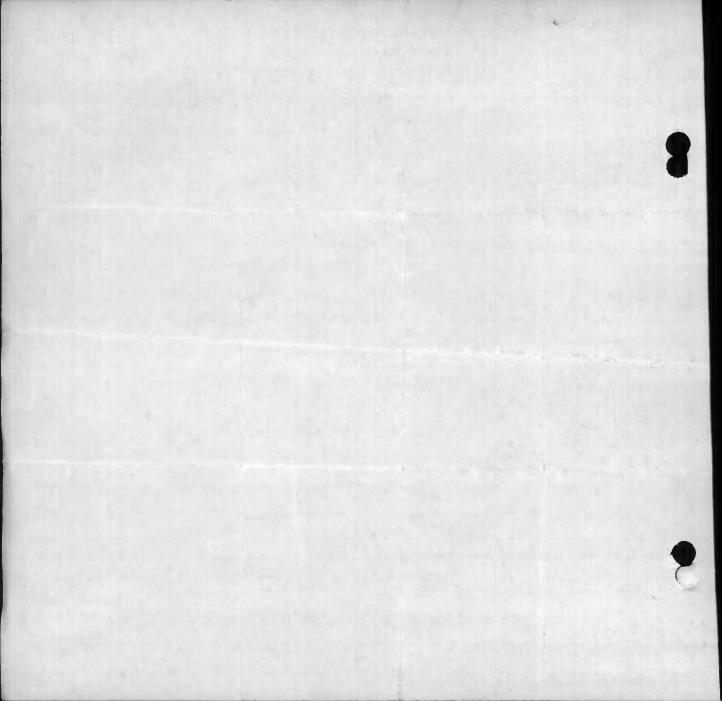


2411 N. Charles Street, Baltimore

#### **CERTIFICATE OF DEATH**

of Diet No 202

10					eveg. Dibil III		
PLACE OF DEATH COUNTY	·		2. USUAL RESIDENCE	(HOME) OF DEC	CEASED.	101	
Balt	timore City	MARYLAND	Maryı		COUNT	4-01	
O give oearest	towa)	AL and LENGTH OF STAY (in this place)	CITY (If outside corpo	7	~	e nearest town)	
T	Baltimore Ci	ty I		altimore			
TAL OR TUTION OR ET ADDRES	s I700 Park	Ave	STREET ADDRESS 1700	Park Ave	give location)		
NAME OF	(First)	(Middle)	(Last)	1 4. DATE	(Mooth)	(Day) (Year)	
(Type or Priot)	ELIZABE"	TH T KIR	KBRIDE	OF DEATH	TIEB	12 195	
DEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	s. DATE OF BIRTH Sept. 2. I88	9. AGE last birt		1 year   If under 24 hrs Days   Hours   Mio	
ione during most of we	ATICN (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State			COUNTRY?	
B. FATHER'S NAMI			14. MOTHER'S MAIDE			DA .	
	John I. Den	ut.v	Rose	Beck			
	ER IN U.S. ARMED FORCES	?   IL. SOCIAL SECURITY NO.	17. INFORMANT AND		C13 1		
(es, ne, or unknown)	(If year, give war or dates of service)	no	Mr. Lewin B		Chest	ertown	
443	X	18. MEDICAL CE	DT1F1C4TION			1.	
DISEASES OR CO	NDITIONS DIRECTLY		ARTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
	/	7 T . 7	to the	)		1000	
Immediate	cause (a)	anges une of	rangel	ure	**************************************	0-1 mones	
Immediate cause (a) Carryes Time Heart Failure  6-7.  Antecedent cause(s)  Nyspertuesian arterio - deleroni  Grad							
giving rise to	Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last						
Conditions contribut	CANT CONDITIONS ting to the death but not se or condition causing deat	:h.				***************************************	
		FINDINGS OF OPERATION				20. AUTOPSY?	
	D					Yes No D	
I. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN)	(COUNTY)		
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?			
OF INJURY	m.	While at Not While Work At work					
archy ac-ti-	fy that I attended the	a deceased from	19 Frantel	12 1057	that I last -	ow the 2	
ereby certify that I attended the deceased from flely, 1950, to take 12, 1957, that I last saw the deceased							
alive on Te	1- 42, 195 J, an	d that death occurred at	3m., from th	e causes and or	n the date st	ated above.	
SIGNATURE	1/1	(Degree or title)	ADDRESS			DATE SIGNED	
11 14	Looke,	141	03 Kaul A		+	113 1	
3. BURIAL, CREMA	ATION   DATE	195 NAME OF CEMETE	RY OR CREMATORY	LOCATION (City	town or count	1 (State)	
REMOVAL (Speci	ify) Feb. T	195 ST. PAUL C	EM	KENT			
DATE REC'D BY I			24, FUNERAL DIRECT		COI MI	ADDRESS	
REG./4 /9.0	-1 110.0	2. Barres	L. Willis WE	,	STERTOW		
V 1 - / (4		The state of the s	- VV////) VV =	113 -11-	- 11 0 W	11 /10	



7/68	EALTH DEPARTMENT 51 1.468 E OF DEATH Registered No.				
1. NAME OF DECEASED Mr. Bernard fr	vett   2. DATE OF DEATH				
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR INSTITUTION BON SECONDS HOSPITAL OR	C. CITY OR TOWN (If outside corporate limits, white RURAL and give township)				
c. Bength of stay in Baltimore  Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  F2/369				
5. SEX 6. COLOF OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widower	8. DATE OF BIRTH 9. AGE (1) Years If Under 1 Year Index Min.  9. AGE (1) Years If Under 24 Hours Min.				
10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY Sun Cab Co.	M. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY: USA				
13. FATHER'S NAME George Pruett	Alice Fitspatrick				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknown) (If yes, give war or dates of service) 216-09-3355	17. INFORMANT 3934 Frisby Stores -18 Mrs. Julia Taylor				
ODISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  CAUSE OF DEATH  (A)  CAUSE OF DEATH  ONSET AND  ONSET AND  DUE TO					
ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	erial by pertusion				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or   21c. WHERE DID (If in Baltimore City, give exact location)				
D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRED   21F, HOW DID INJURY OCCUR?					

Z - 14, 1957, that I last saw the . 195/ to\_ and that death occurred at 3. 40 Am., from the causes and on the date stated above.

22. I hereby certify that I attended the deceased from deceased glive on 2 195 and that death deecased alive on. 23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

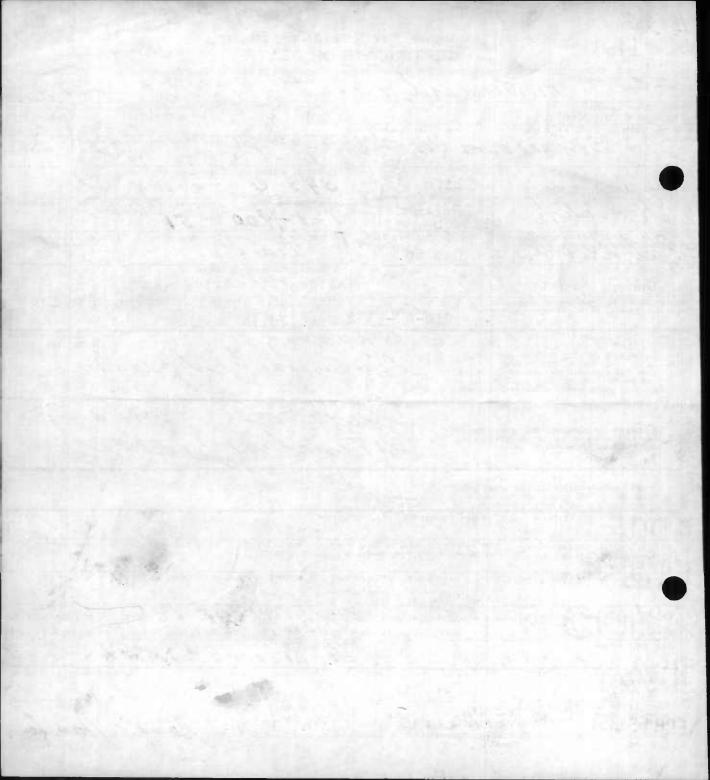
24A. BURIAL, CREMA-TION, REMOVAT (Specify)

Holy Redeemer Cemetery burial

ADDRESS

Baltimore, Md.

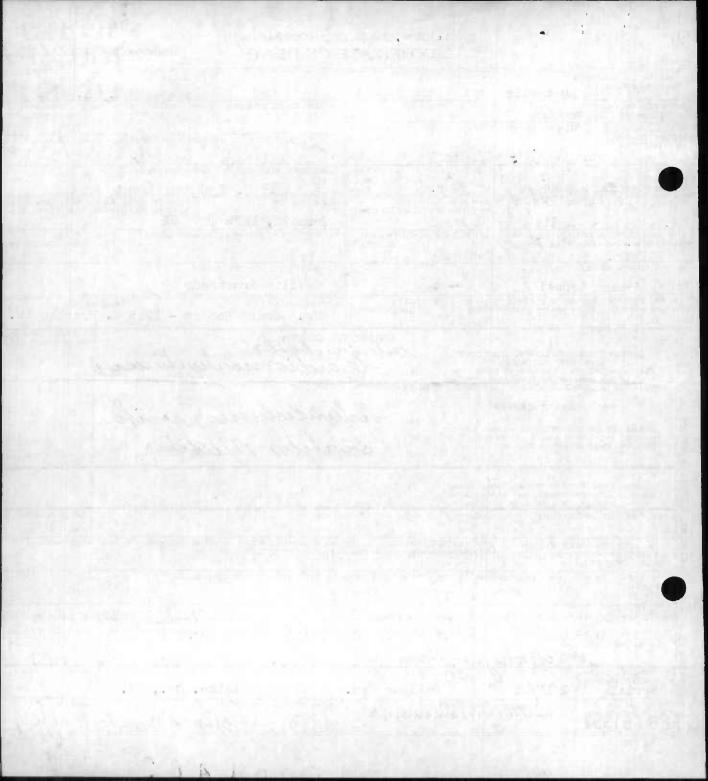
VS 150



51 1469

0.	1.40	1.7		CEDTIEICAT				Registere	d No		LXOO
	RTH NO.			CERTIFICAT	EC	L DEA	П	aregister)	110	1:1	
	NAME OF D							2. DATE. OF	(Table 1)		
			Chris	stinia Robert				DEATH F	eb. l		1951
A.		City, Maryland			A. S	TATE		Where deceased live B. COUNTY			: residence ore admission
HC	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospita	al or institut	ion, give street address o location		Harv		f outside corporate	imits, wr	ite RI	JAL and give
1		St. Joseph's	Hospit	al			imore	0			township
				Yrs. Mos.				f rural, give location			
c. 5.	SEX	tay in Baltimore		Days E. MARRIED.		ATE OF BIR		9. AGE (in year	s if Under	1 Year	If Under 24 Hours
Fe		White		VED, DIVORCED (Specify	(y)	une 23,		last birthday)	Months	Days	Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. E			foreign country)			ZEN OF
	Hwfe.		Own H			Iowa					. Joseph I I I
13	FATHER'S		4.44			MOTHER'S M					
		ph Geraci				Cecilia	Armsti	rong			
15 (Yes	s, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.		Mr. Edwa		bert - 1915	ADDR E. F	res	ton St.
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CON-					dion	mi	las disec s., seni; Uitus.			
U		OF OPERATION 1		FINDINGS OF OPE	RATIO	N				20.	AUTOPSY?
CA			1.5			112 112	DIE	(18 :- 1)		YES	
1EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g. farm,factory,street,office bldg		21c. WHERE INJURY OCC		(If in Baltimore Ci	ity, give	exact	location)
Σ	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCUR	73	21F. HOW D	ID INJUR	Y OCCUR?	377		
	m. WHILE AT WORK AT WORK										
22. I hereby certify that I attended the deceased from 2/11/, 19 5/to 2/11/, 19 5/that I last sau deceased alive on 2/11/, 19 5/and that death occurred at 12:50/mi., from the causes and on the date stated ab 23A. SIGNATURE 8 23C. DATE SIGN							tated above				
		SMBPoch	riques		].	1:00 N.	Carrier a compa	ne Street		2/	11:/51
24 TIC	AA. BURIAL, CON. REMOVAL (S Burial	Specify)	0 0	24c. NAME OF CEMET Oaklawn Com		CREMATOR	1000	to. Co., Md		ounty	) (State)
	ATE RECEIVE		SSIGNAT	Miams, Ma	25	m.	IRECTOR	ener Ho	AD	B	allo,
	VS 150					1					111a

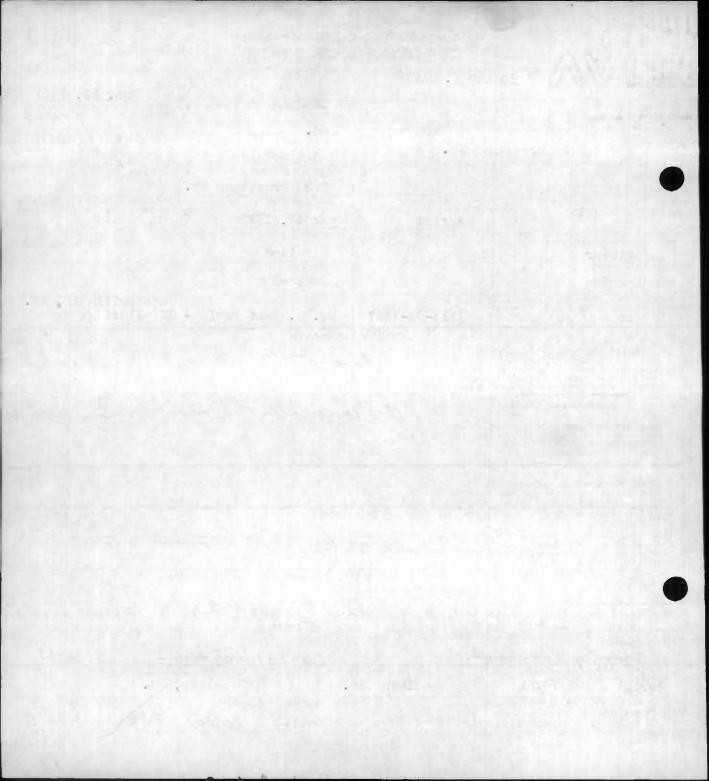
VS 150



1,2	0
51.	1470

51 1470 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED EDWARD H. DAVIS 2. DATE. (Type or Print) DEATH Feb. 13, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2930 Presstman St. township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. igth of stay in Baltimore 2930 Presstman St. Days 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years | | Under | Year | last birthday) | Months | Days male Hours: Min. 78 Married June 17, 1872 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of worklog life, even if retired INDUSTRY WHAT GOUNTRY? Maryland Engineer Ice 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Catonsxbddass28, Md. 17. INFORMANT (If yes, give war or dates of service) (Yee, no or uokoown) Mr. E. Kent Davis - 227 Eldridge Way no INTERVAL BETWEEN 420.0 CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY Skart Block LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT DICAL YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILF AT NOT WHILE! AT WORK WORK Jan 1950 to Feb 13 , 1951, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 7. 13 1951 . and that death occurred at 5:20 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) 2/16/51 Woodlawn, Md. Woodlawn Cem. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRES

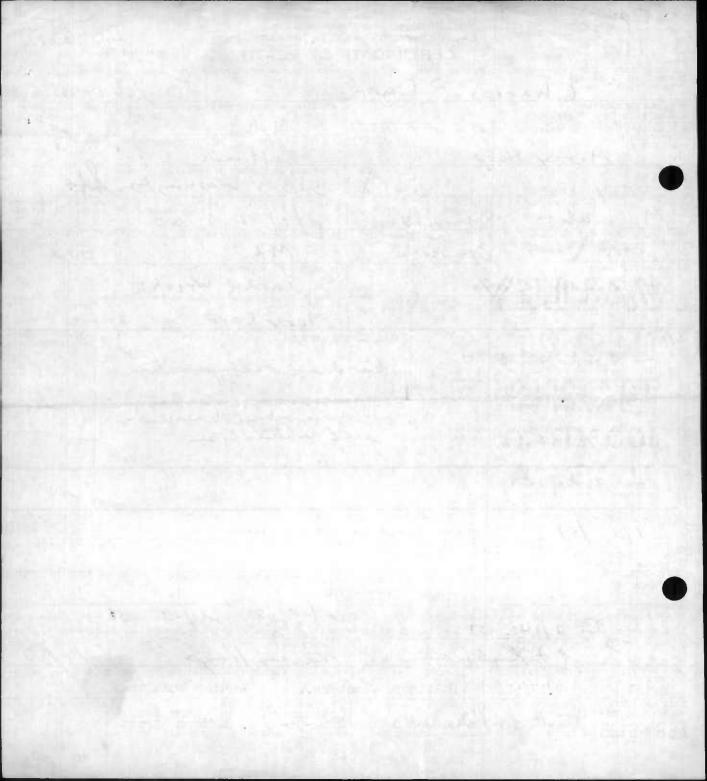
VS 150



600
51 1471
BIRTH NO.

51 1471

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) hanles OF DEATH ' 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1 timore Yrs. O. STREET ADDRESS (If rural, give location) Mos. Days N. Washington length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGF (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Married 10A. USUAL OCCUPATION (Givekind of | 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? Bottler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wright exander 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO sa me INTERVAL BETWEEN 18. 6 x X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE deceased alive on 2/14, 1951, and that death occurred at \$50 m., from 23A. SIGNATURE , 1955, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATERY 240. LOCATION (City, town, or county) Baltimore Cemetery., North & Rose Sts. Burial 25 FUNERAL DIRECTOR Schimunek Funeral Home Inc 2601-03-05 E. Madison Street DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

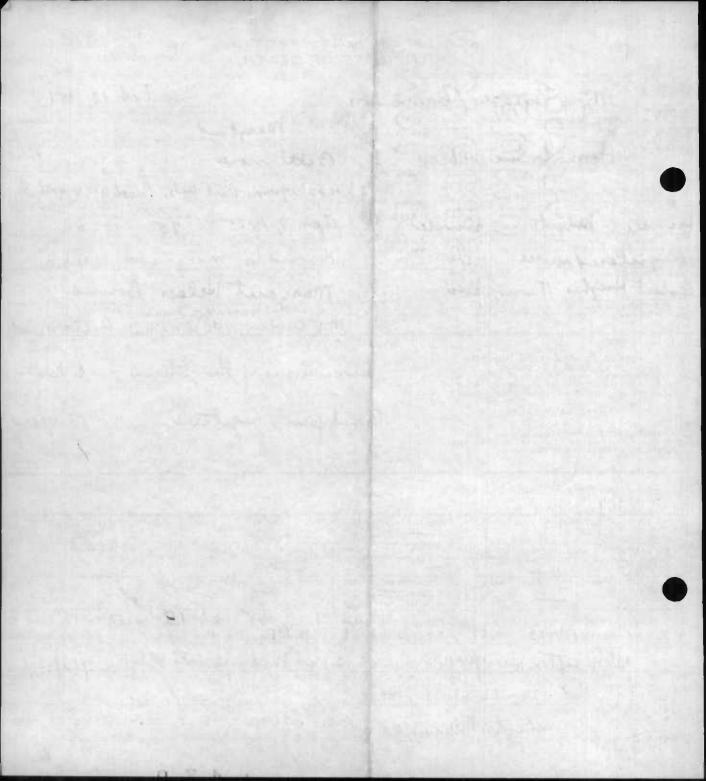


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	-	2	312	1	472
-1			J.L.	.1	13/10

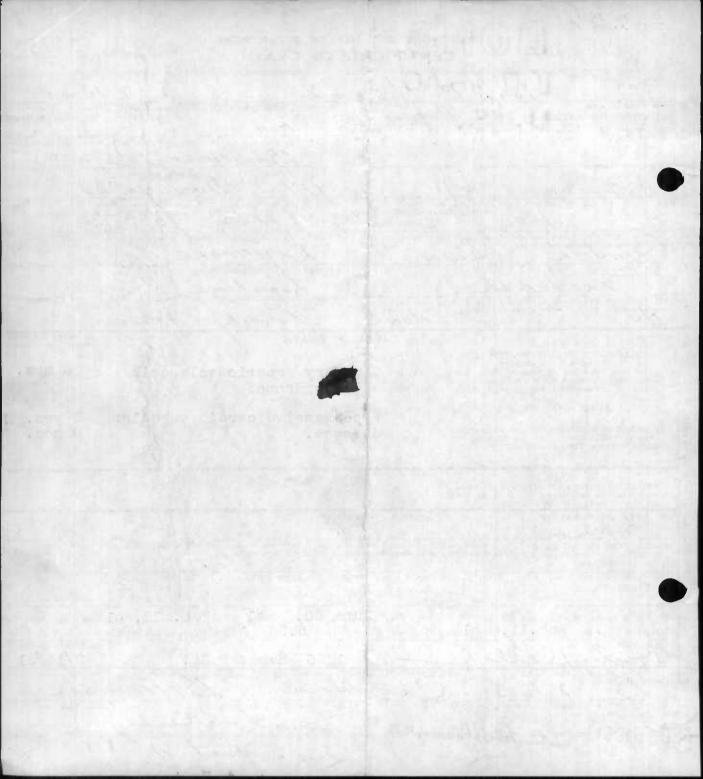
#### BALTIMORE CITY HEALTH DEPARTMENT

51 1472 Registered No

В	IRTH NO.				CERTIFICAT	E OF DEAT	n	
(T	NAME OF D	Ma	y Bry	ice j	hompson	1	2. DATE OF DEATH Feb.	
3.	Baltimore	City, N	Taryland	-		4. USUAL RESIDE	ENCE (Where deceased lived, If in B. COUNTY	stitution: residence before admission)
B. H	FULL NAME OSPITAL OR ISTITUTION			al or institut	ion, give street address o location	c. CITY OR TOWN	(If outside corporate limits,	Write RURAL and give to (vnship)
1			74 10101	- COOTA	H & Yrs.	D. STREET ADDRE	ESS (If rural, give location)	7 1
	Length of s				Mos. Days	422 Wyma	in Park apts. Buch	
4	sex	6. COI	-OR OR RACE	MIDON	E, MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH		ths Days Hours Min
1C			ION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)   1	2. CITIZEN OF WHAT COUNTRY?
	regist	ne	nure	retir		Howard C	o., maryland.	u.s.a.
13	obert	ugh	es Thos	npra	n	Mary and	I Helen Bor	ine
15 (Ye	. WAS DECEAS s, no or unknown)	ED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	tome for Incurally ADI	DRESS
`					ozeomi i no.	M. F Owen	1,700 W. 40th St. 1	Balto. 11, Inde
	18.	14 x	1	11.11.59	CAUSE	OF DEATH		INTERVAL BETWEEN
		LEAD	CONDITION	гн			14 14	1. h. 46
	heart failt	re, asth	ean the mode o enia, etc. It mea	f dying, e. g	e,	remma (	y con more	6 nereus
	injury or	compli	cation which c	aused death	.) DUE TO			
		ANTEC	EDENT CAUS	ES	Car	elypsi 6	artim	13 110000
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							15 9000	
A	UNDERL	YING C	ONDITION LA	STATING TH				
01-					(C)			
TIL	OTHER S	IGNIFI	II CANT CONDI	TIONS CON				
H	TRIBUTING	TO TH	E OEATH, BUT	NOT RELATE	D			
,	19A. DATE C				FINDINGS OF OPE	RATION		20. AUTOPSY?
CAL								YES NO
1EDIC		R CONT	AS UNDER-	21B. PLA about home,	CE OF INJURY (e. g., arm, factory, street, office bldg.	in or 21c. WHERE D		ve exact location)
2	D. TIME	(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID	INJURY OCCUR?	
				m.	WHILE AT NOT WHILE			
	22. I hereb	y certi	fy that I att	ended the	deceased from	4 7 .194	5, to July 19 , 1951,	that I last saw the
deceased alive on Ed- 13 , 195 and that death occurred at 11.30 Pm., from the causes and on								
	23A. SIGNA	J. Th	with V	erspe	W. O.	23B. ADDRESS	reil Get Blace	23c. PATE SIGNED
2	AA. BURIAL.	CREMA-	24B. DATE			RY OR CREMATORY	24D. LOCATION (City, thwn, o	r county) (State)
110	on REMOVAL (S	specity)	2 - 16 -	-51	Loudon Park		Baltimore, Md.	
	ATE RECEIVE		REGISTRAR	SSIGNATU	RE	25. FUNERAL DIR	ECTOR	ADDRESS
, de	I REGIST	100	1 hunter	JAK N.	lliance, MIR	bonn U.Mitche	ell & Sons, Inc190	U Eutaw Place
-	Els 130	151		1				14 13
				** * 7				70 00



H-200 51. 1473  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  Registere	51 1473
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)  2. DATE OF DEATH	7-12:51
3. PLACE OF DEATH:  A. Baltimore City, Maryland 924 J. HANOUSE J. A. STATE  B. COUNTY  B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or	before admission)
HOSPITAL OR INSTITUTION location) C. CITY OR TOWN If outside corporate li	mits, write RURAL and give
13AIIIMORE	23-01 township)
c. Length of stay in Baltimore  Yrs. O. STREET ADDRESS (If rural, give location)  Days  O. STREET ADDRESS (If rural, give location)	
5. SEX 6. COLOR OR PACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. 2 1 1 0 9. AGE (Wyears last of the day)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
work downeduring most of working life, even if retired)  UNV ER. INDUSTRY  BAILINGE	WHAT COUNTRY?
13. FATHER'S NAME CUTLERY CAINDER 14. MOTHER'S MAIDEN NAME	
TRESERICK . Leonline	?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (If yos, give war or dates of service) SECURITY NO. 17. INFORMANT  AND A PROPERTY OF THE PRO	ADDRESS
18. 4201, CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
(A)	6 mos.
injury or complication which caused death.) DUE TO With syndrome.	
ANTECEDENT CAUSES	
Diseases or conditions, if any, giving disease	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO DISCASE . UNDERLYING CONDITION LAST.	8 mos.
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in nr about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?  (If in Baltimore City about bome, farm, factory, street, office bidg., etc.)	y, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from June 30, 1947 to Feb. 12,19	51 that I last saw the
deceased alive on Feb. 11,19 51 and that death occurred at 5.30 m., from the causes and on	the date stated above
R3MSIGNATURE (23B. ADDRESS	23C. DATE SIGNED
Harry Delle M.D. 1226 Hanover St.	2/14/51
24A. BURIAL GREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, to	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	ADDRESS
FFB 1 51951 31 - 11 See White Hall James 6.	7
5 VS 150 1 1 2 - 611 / 3 - 611 / 3 - 611	Q ? D
055 88 - 100 8. 100 9 100	10/



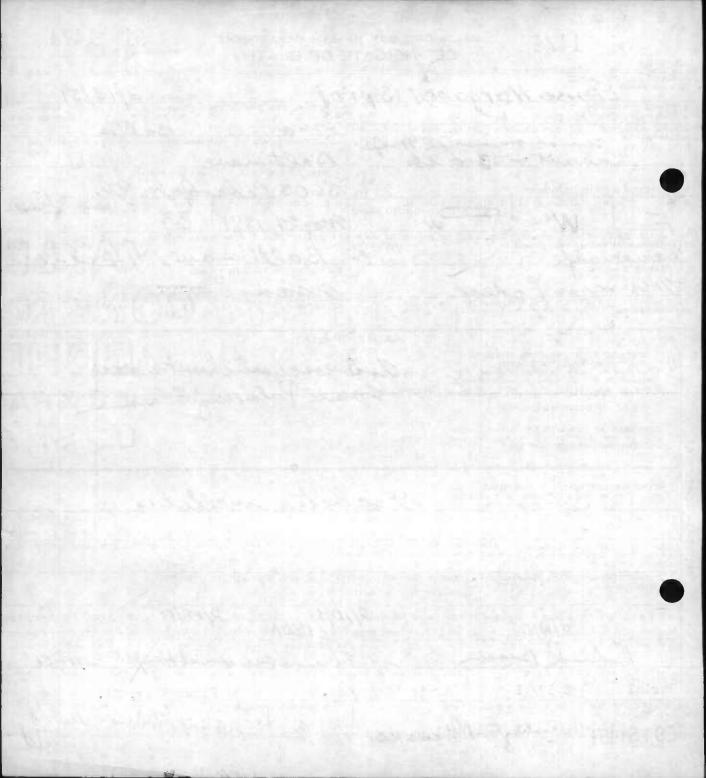
25. FUNERAL DIRECTOR.

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS



Registered No. 1475

В	IRTH NO.	J. L. L.		CERTIFIC	AIL	OF DEAL	H	Registere	u 140,	
î. (T	NAME OF Drype or Print)		iam Dege	ele				2. DATE OF DEATH	eb.14/51	
A.	Baltimore		903 Ham	onett Ave.		A. USUAL RESID		here deceased lived B. COUNTY	. If institution	
H	OSPITAL OR	Pineridge N	arsing l	Home loc	cation)	c. CITY OR TOW	N (If o	ve • outside corporate li	mits, write RU	RAL and give township
6	4	4903 Hampi	nett Ave	9.	Yrs.	D. STREET ADDR	. Md.	ural, give location)	-03	
C.	Length of	stay in Baltimore	li	fe	Mos. Days	814 N.P				
5.	Male	6.COLOR OR RACE	WIDOW	. MARRIED. ED, DIVORCED ( ingle	(Specify)	B. DATE OF BIRT		9. AGE (In years last birthday)	If Under 1 Year Months Days	Hours Min.
TOP	Lord Ba.	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS	or JSTRY ired	11. BIRTHPLACE Balto.	(State or for	eign country)	12. CITIZ WHA	EN OF T COUNTRY
13	3. FATHER'S	NAME				14. MOTHER'S M				
1.5	5. WAS DECEAS	ED EVER IN U. S. ARME		Degele			eresa -			
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	215-10-90	87	17. INFORMANT Michael Br	annan	814 N.Pat	.Pk.Ave	
NO	DISEA (This doe heart failt injury or	SE OR CONDITION LEADING TO DEA's s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS	TH of dying, e. g ons the disease caused death SES F ANY. GIVIN	(A) DUE TO	lu ai	I Carci	nom	stienen vanti	ONSET	AND DEATH
CERTIFICATION	OTHER S	THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	TIONS CON	ic) (c)	P	arlew	primar		((	over)
AL	19A. DATE	OF OPERATION D	9B. MAJOR	FINDINGS OF	OPER	ATION			20. YES	AUTOPSY?
EDICAL		DENT WAS UNDER- R CONTRIBUTING		CE OF INJURY arm, factory, street, offi				in Baltimore Cit		
2	INJURY	(Month) (Day) (Year,	m.	WORK L	WHILE	21F. HOW DI	D INJURY	OCCUR?	s/ that I	last saw th
		live on 2/13	, 19 5 7.	and that death	occur	red at 3; 50 m 3B. ADDRESS 3UD9 FUR	n., from th	c causes and or	n the date s	
ZI TI	4A. BURIAL, ON REMOVAL BURIAL	CREMA- 24B. DATE		Balto.		•	2 4D. LO	Balto. Md.	wn, or county)	(State)
	ATE RECEIVE		SSIGNATU	Villianua M		PHILLIO	Heru	id Sas	ADDRES 2024 Orl	
I	B 9 120	351		512		tn/	V		46 E	

DO NOT COPY ON ANY TRANSCRIPT - STATISTICAL PURPOSES ONLY:

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See Document File 51-1475

"Adenocarcinoma of colon grade III with metastases regional lymph node, liver, etc"

2/28/51 ES

として	16 1476	Scha LTIMORE CITY HE CERTIFICATI	MERZER EALTH DEPARTME		51 1476 No.
1. (T	NAME OF DECEASED M. Rosalie Schauberge	Y		2. DATE OF DEATH	4/51
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	E (Where deceased lived, If	institution: residence before admission)
B. He	FULL NAME OF (If not in hospital or institu OSPITAL OR ISTITUTION	tion, give street address or location)	c. CITY OR TOWN	(If outside Orperate limit	01
S	with Daltimore General 1	tospital	Ballimore	67	township)
L		Yrs. Mos.	o. STREET ADDRESS	(If rural, give location)	
5.	ngth of stay in Baltimore SEX   6. COLOR OR RACE   7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
F	WIDOV	WED, DIVORCED (Specify)	1/12 - 192	last birthday) Me	onths Days Hours Min.
10 worl		OF BUSINESS OR	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
0	arical Work Souther		Maryland		
10	Albert Schamberger	AHERS COOP	Catherine he	eich ina	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  4. no or uokoowo) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		DDRESS DA
		219-12-5540	Albert Schar	nberger 1427 R	ichardson
	18. 592×	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		i ellama.	10 16 16-	1
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	g., (A)	un Housevall	July and 5 C	
	injury or complication which caused deat	h.) OUE TO	. eface	rbation	
z	ANTECEDENT CAUSES	(B)			TU UNISH I
0	DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T	NG	***************************************		
(A)	UNDERLYING CONDITION LAST.	(C)	***************************************	***************************************	
F	11				
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO				
C	TO THE DISEASE OR CONDITION CAUSING	IT		<u>_</u>	_
7	19A. DATE OF OPERATION   19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	LYING OR CONTRIBUTING about home,	ACE OF INJURY (e. g., ic farm, factory, atreet, office bldg., e		(If in Baltimore City,	YES NO Give exact location)
M	CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID IN	ILIBY OCCUPA	
	INJURY (Manual) (Say) (Tear) (Mour)	WHILE AT   NOT WHILE	T ZIF. HOW BID IN	JORT OCCORT	
	m.	WORK AT WORK L	13 1011	Tel 111 125	7
	22. I hereby certify that I attended the deceased alive on 16. 14, 1957.	deceased from 120	195/, to	o Feb. 14, 1957	L, that I last saw the
4	23A. SIGNATURE		3B. ADDRESS	om the causes and on t	23c, DATE SIGNED
7	B. C.D. Quinino Call	Oce M.D. 1	213 hight S	tract	2/14/51
	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	Hofu Cross		A. A. Co.	or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATION OF THE PROPERTY OF THE P		25. FUNERAL DIRECT	//	ADDRESS

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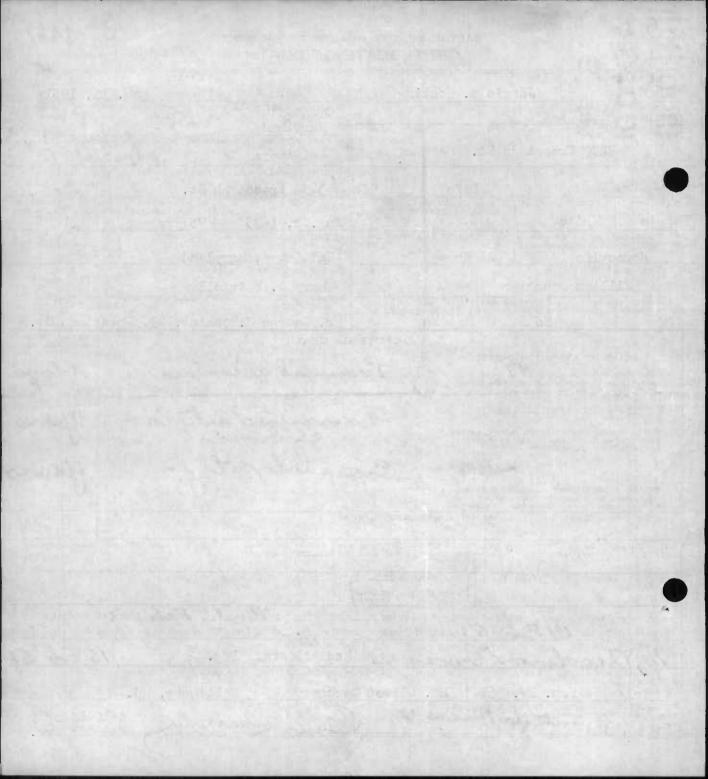
Mm. S. Fialkowski 2007 Eastern

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Registered No .\_\_

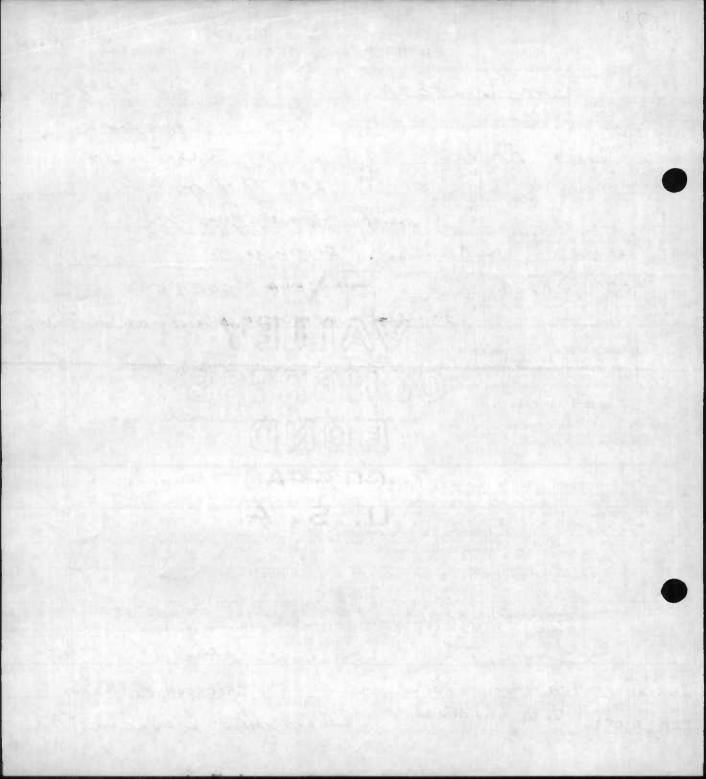
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	nie S. Hoskin	0.00		2. DATE OF TO 1	. 1/ 10/2
3. PLACE OF DEATH:  a. Baltimore City, Maryland  b. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 3230 Presstme	al or institution, give str		4. USUAL RESIDE A. STATE Maryland c. CITY OR TOWN Bal timore	NCE (Where deceased lived, B. COUNTY	b. 14, 1951  If institution: residence before admission)  mits, write MURAL and give fownship!
c. Length of stay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRE	ss (If rural, give location)	
5. SEX   6. COLOR OR RACE Female   White	7. SINGLE, MARRIE WIDOWED, DIVOR Married	D. (Specify)	8. DATE OF BIRTH Aug. 2, 187	9. AGE (In year) last birthday)	If Under 1 Year M Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) HOUSEWIFE		NESS OR INDUSTRY	Baltimore.	state or foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME William Spurrie			Mary C. F	IDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMER Yes, no or unknown) (If yes, give war or date NO NO	of FORCES?   16. SOCI SECU NO	JRITY NO.	17. INFORMANT Mr. George	S.Hosking,3230 1	ADDRESS Presstman St.
DISEASE OR CONDITION  (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which of the complex of the	TH of dying, e. g., ins the disease, caused death.)  DUE TO  SES  (B) F ANY, GIVING STATING THE AST.  (C)  ITIONS CONNOT RELATED	Hen	eralize eralize eralize	donterio- nis nathy-	2 days - Years Years
T	98. MAJOR FINDING			ID (If in Reltimore City	20. AUTOPSY? YES NO  y, give exact location)
HOMICIDE (Specify)  D. TIME (Month) (Day) (Year)	about home, farm, factory, st (Hour) 21E. INJUF m. WHILE AT WORK	RY OCCURRE  NOT WHILE  AT WORK	D 21F. HOW DID	R?	
22. I hereby certify that I att deceased alive on 23A SIGNATURE 24A. FURIAL, CREMA- TION, REMOVAL (Specify)	,19.5 and that	death occurr	red at 6.15Am., as. ADDRESS Medical Arts	Bldg.	the date stated above.  23c. DATE SIGNED  (State)
Burial Feb. 17 DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR VS 150	6 SIGNATURE	Dlivet Ce	metery Willis	Baltimore, Md.	ADDRESS 4510 Liberty Heights Ave.



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1	~	1478
	BIR	TH NO.

	51	4 4170	
Registered		1478	

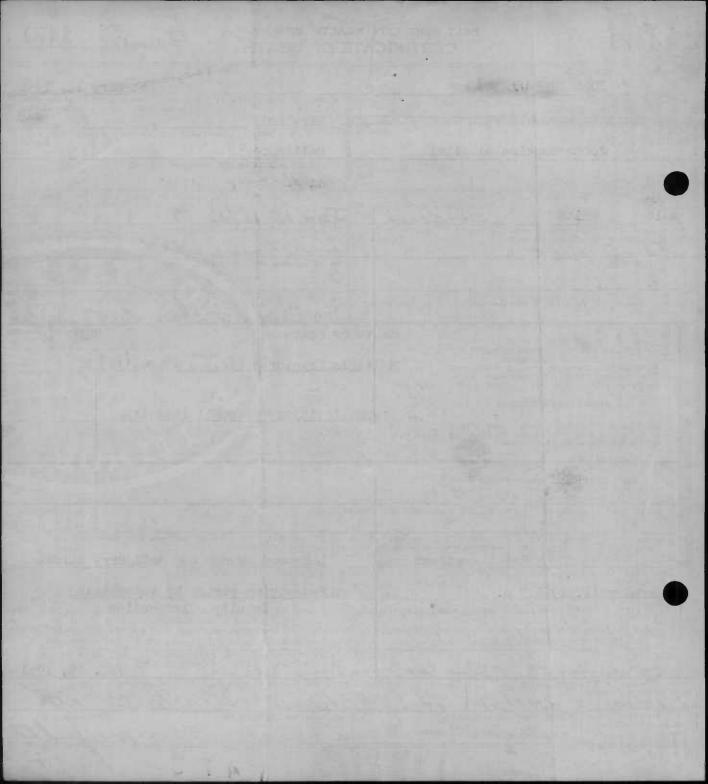
	14/8	CERTIFICAT	E OF DEATH	Registered N	Va. 1.4/0
В	IRTH NO.	CERTIFICAT	E OF DEATH	/ Registered I	
1.	NAME OF DECEASED	C		2. DATE	
(1	CARLL.	DESSA		OF DEATH	13/5-1
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDEN	ICE (Where deceased lived, If B. COUNTY	institution: residence before admission)
H	FULL NAME OF (If not in hospital or instit OSPITAL OR ISTITUTION	ution, give street address or location)	c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give
117	UNIV. HOSP		5200	GLEN BUR	NIE. township)
		Yrs. Mos.	D. STREET ADDRES	S (If rural, give location)	
4	ngth of stay in Baltimore	5 Days	206 71	ite Ave. S. W.	
5.	SEX 6. COLOR OR RACE 7. SING	LE. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	Under 1 Year   If Under 24 Hours
	M	DWED, DIVORCED (Specify)	Tanuary.	11,119/2 39 Mo	nths Days Hours Min.
10 worl	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	ND OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY?
-		ORK + SKAL C.	DAKTIMORE	Mo	u,s
13	B. FATHER'S NAME	CORK PRODUCT	14. MOTHER'S MAIL	EN NAME	
	FRANK SESSA.	(m)	ANGELA IT	IGGERIO	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		DDRESS
(20	NO	SECURITY NO.	JOSE PH SESSA	200001010101011	C. B. B. MD.
	18. 4 20 /	CAUSE	OF DEATH	DOWN LAND IN W.	INTERVAL BETWEEN
			Of BEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH	4 -	t. C.	77 1-	11
	(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the dise	e. g., (A)/lCu	a Colonary	1 knowloses	o Ma.
	injury or complication which caused des	th.) DUE TO	0		
	ANTECEDENT CAUSES	4			
Z		(B)	what a	Cenorelevan	e
5	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING				
A	UNDERLYING CONDITION LAST.	(C)			
2		(6)		***************************************	
TIF	H	Pul-5.	The Course	- 12 / 1	
ERTI	OTHER SIGNIFICANT CONDITIONS C		2	-	
Ü	TO THE DISEASE OR CONDITION CAUSING	IT. and P	Monchesps	in on late	
٦,	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION		20, AUTOPSY?
Y	-/13/51 / Nen	al Calculu	a, left		YES NO L
EDICA		LACE OF INJURY (e. g., i ne, farm, factory, street, office bldg.,		O (If in Baltimore City, a	give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID 1	NJURY OCCUR?	
	* INJURY	WHILE AT NOT WHILE			
	m.	WORK AT WORK	B 0 1=1	G- 1 12 -	
	22. I hereby certify that I attended th		25 9 1951		I, that I last saw the
	deceased alive on Feb 13, 195			from the causes and on the	
	23A. SIGNATURE	2	23B. ADDRESS	11-	23C DATE SIGNED
	AL BURIAL CREMA	M. D.	ans.	200-10	119/3/
TIC	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETE		24D. LOGATION (City, town,	or county) (State)
B	URIAL FEB. 17, 1951	HOLY LROSS		BROOKLYN MD.	TURAL)
D	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIREC	CTOR	ADDRESS
	The same of the sa	ANY WOOD I LUSTON	111 5. 0	1 410- 119	· me



# 5	60
11.	1479

### BALTIMORE CITY HEALTH DEPARTMENT

11	1479		DAL	CERTIFICATI	F OF DEATH	Registered No.	1473	
	RTH NO.			CERTII ICATI	_ OI DEATH			
	NAME OF D. 'ype or Print)		ehne	R.		2. DATE OF DEATH February	14, 1951	
	PLACE OF D. Baltimore C				4. USUAL RESIDENCE (\ A. STATE	Where deceased lived. If institution B. COUNTY	tution: residence before admission)	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corp rate limits, wr		
3		Johns Hopkin	s Hospi		Baltimore	6-4	township)	
	north of s	tay in Baltimore		Yrs. Mos. Days	Hol N. Stree Per			
5.	SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years     Under last birthday)   Months		
	male	white	w	rdowed	JAN. 15 1872 11. BURTHPLACE (State or f	oreign country) 12	CITIZEN OF	
WOL	k dour during most	working life, even if retired)	IOB. KINL	INDUSTRY			WHAT COUNTRY?	
13	FATHER'S				14. MOTHER'S MAIDEN N	AME		
15	. WAS DECEASE	D EVER IN U. S. ARMEL	FORCES?	16. SOCIAL	17. INFORMAINT	4.000	de:	
	s, no or unknown)			SECURITY NO.	mo Charles 3	Kehner 305	Cally	
	18. E8	12:4		CAUSE	OF DEATH		INTERVAL BETWEEN	
		E OR CONDITION	TH	Multin	le fractures (le	re and skull)	00	
	heart failu	re, asthenia, etc. It mes complication which	ns the diseas	se,	**************************************	5	***************************************	
	ANTECEDENT CAUSES  (B) Traumatic injury of small intestine							
Z		OR CONDITIONS, I		NG	cie injury of sma	ill intestine	***************************************	
ERTIFICATION		ING CONDITION LA		(C)				
IFIC	OTHER	II IGNIFICANT CONDI	TIONE CO.					
ERT	TRIBUTING	TO THE DEATH, BUT	NOT RELATI	ED			••••••	
O	19A. DATE C	F OPERATION 1	98, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
CAL	21A. EXTERN	IAL CAUSE WAS	21B. PLA	ACE OF INJURY (e. g., in		If in Baltimore City, give		
EDIC/	UTING [] C	G A OR CONTRIB. AUSE OF DEATH.		street	Lakewood Avenu	ue and McElderry	Street	
Σ	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURRENT NOT WHILE			10	
Įħ,	All resident in contrast of the last of th		p. m.		xx Pedestrian struck by automobile d above, held an Inquiry & Inspection thereon and from			
П					nquiry, find that said d	Inspection or Inquiry		
1	and de	ath in my opinion	resulted f	from: natural causes	23B. CHIEF MEDICAL	$\square$ , homicide $\square$ , unde	termined [].	
	The	uley /8.	De		.D. MEDICAL INVESTIGAT	Feb.	15, 1951	
2. TI	4A. BURIAL. CON. REMOVAL (S	REMA- 2AB. DATE	1-,	24c. NAME OF CEMETE	BY OR CREMATORY 240. L	OCATION (City, town, or co	ounty (State)	
	ATE RECEIVE	BY REGISTRAR	S SIGNATU	JRE JOHN TO	25. FUNERAL PRECTOR	Julianense.	DRESS	
I I	FR151	57 kmetit	3/45-11/	Miama, Mil	L. Luck	5305 That	food to	
v	S 151	804.2		25-		7/9°C /		
	/ V					6/ \$		

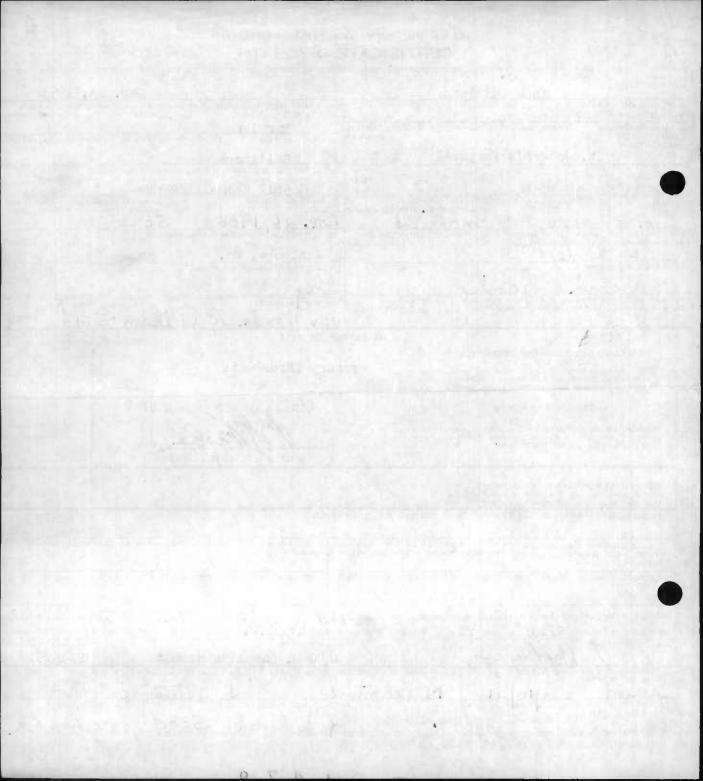


51. 1480

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

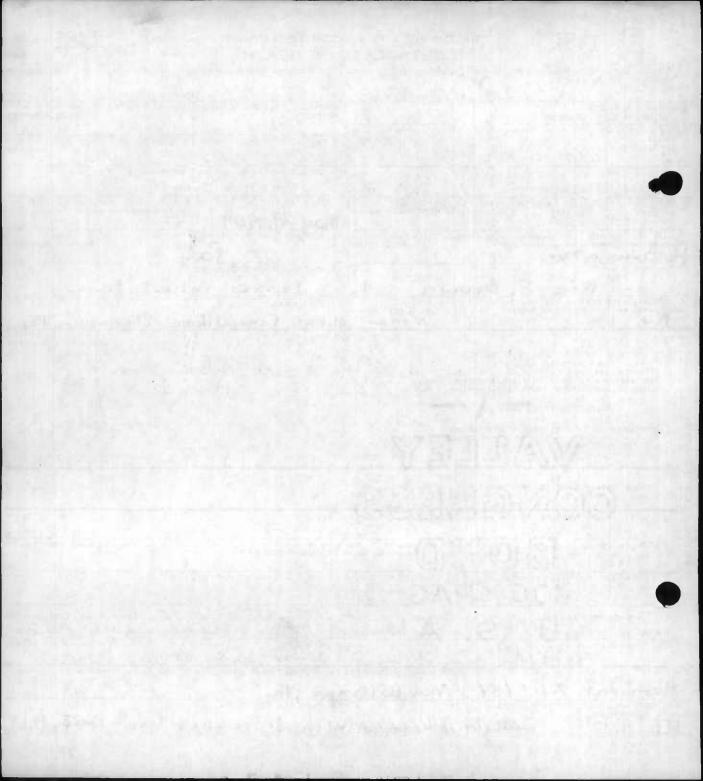
Registered No. 1480

BIRTH	NO.			CERTII ICATI	E OF BEATTI		
	ME OF DE			111111111111111111111111111111111111111		2. DATE. OF	
9 DI A	CE OF DE		Culliso	n	II 4 HOUSE PERIOD (V	DEATH Feb.	
		ity, Maryland			4. USUAL RESIDENCE (V	B. COUNTY	nstitution : residence before admission
HOSPI	L NAME OF	OF (If not in hospit	al or instituti	on, give street address or location)	12004	outside corporate limits	
		St. Joseph's	Hospit	al	Baltimore	6	township
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
n	gth of st	ay in Baltimore		Mos. Days	5612 Remme	11 Avenue	
5. SEX		6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years     I	Under I Year   If Under 24 Hours
F	e.	White	Un	rried (specify)	nov. 26. 1900	50	ths Days Hours Min.
10A. US	SUAL OCC	UPATION (Give kied of morking life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
HO12 GOOD	1	Rome		INDUSTRY	Baltimore, Md.		WHAT COUNTRY
13. FA	THER'S N		^		14 MOTHER'S MAIDEN N	AME	
	Mari	enla la	- 1		The ?		
15. WAS	S DECEASE	DEVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	4.5	DDF66
(Yes, 00 0	or to loown)	(If yes, give war or date	of service)	SECURITY NO.	m. 11-1. X	0 00 -	5612 remnell
1 .0	V /			644465	11W. Vondo	Tullison .	5612
18.	7	011		CAUSE	OF DEATH '		ONSET AND DEATH
		E OR CONDITION LEADING TO DEAT	TH		ml		
1	(This does heart failur	not mean the mode of asthenia, etc. It mea	f dying, e. g	(A) Corc	nary Thrombosis		
		complication which c					
	,	ANTECEDENT CAUS	ES		CERTIFICATION AP	PROVED BY	CONTRACTOR OF
5 5	RISE TO TH	OR CONDITIONS, I	STATING TH	G E DUE TO	MA	D.	
Y '	UNDERLY	ING CONDITION LA	ST.	(C)		M. D,	
E -					CHIEF OR ASST. MEDIC	AL EXAMINER,	
ERTIFICATION	OTHER SI	GNIFICANT CONDI	TIONS CON				
	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			1 17 10 3 3
19A				FINDINGS OF OPER	ATION		20. AUTOPSY?
A		0					YES NO X
EDICAL LY	A. ACCIDE	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e.g., in	o or   21c. WHERE DID (I	If in Baltimore City, gi	
Σ	USE OF	CONTRIBUTING DEATH		arm,factory,street,office bldg.,e	tc.) INJURY OCCUR?		
	INJURY	Month) (Day) (Year)	(Hour)	te. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			m. V	WORK NOT WHILE			
22.	I herebu	certify that I att	ended the	deceased from 2	/13/ , 19.51 to	2/13/ , 19 5,	What I last san th
dec	eased ali	ve on 2/13/	19 51	and that death occur	red at 4:35PvH, from t	he causes and on the	e date stated above
23A	. SONAT	YESE O DE			3B. ADDRESS	le carrees and on the	23c. DATE SIGNED
	les (	T. Joffay	Sh.	M. D.	1400 N. Caroline	Street	2/15/51
	BURIAL, C		0 2	4c. NAME OF CEMETE		OCATION (City, town, o	or county) (State)
175	EMOVAL (ST	2/16/	51	Boltema	IR	a Otions	mal
	RECEIVED		SIGNATU		25. FUNERAL DIRECTOR	Mumora	ADDRESS
FEI	REGISTE B 1 5 13	101 Immater	3/52-11/	Want, Mill	L. Luck	5305 TH	arford Rd
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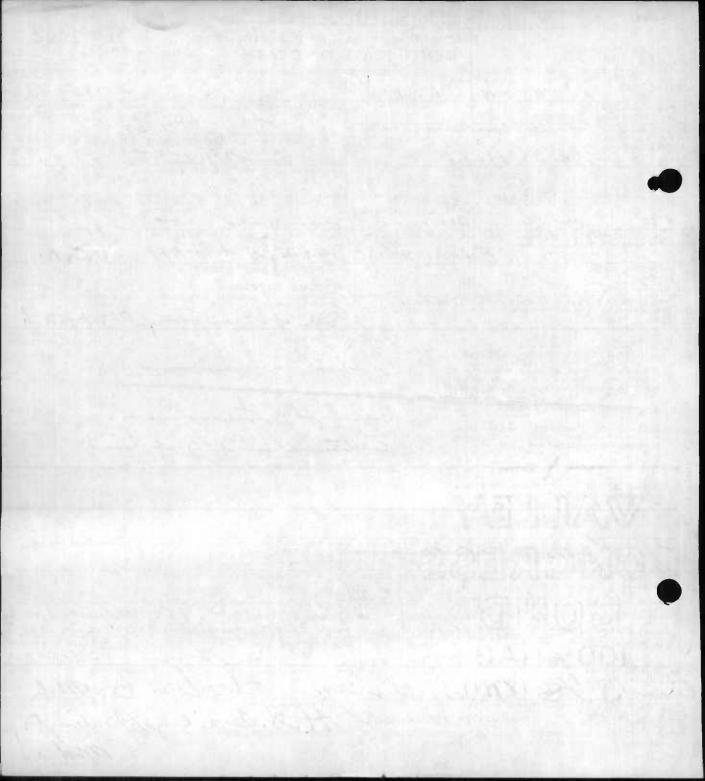


1481 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH LOUISE 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION WEDFORD D. STREET ADDRESS (If rural, give location) Yrs. Mos. AMM'S CHOICE th of stay in Baltimore Days 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? domewife ? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Whetstone Jesse 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. Mickle Funeral Home - Shellsburg None INTERVAL BETWEEN 18. CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY. WHILE AT NOT WHILE! WORK 9-15, 1957, that I last saw the 22. I hereby certify that I attended the deceased from\_\_\_ 1957 to\_ deceased alive on 2-15, 1951, and that death occurred at 10 24 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 2/4C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE Vew Baltinore DATE RECEIVED BY ADDRESS LOCAL REGISTRAR J. licknes & Sono - Balto

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6	,00	CERTIF	ICATE	CORRECTED_	3-1-51	V	51.	1482
ВІ	RTH NO.	1482		CERTIFICATI		Register		
	NAME OF D		Orvil	PARR		2. DATE OF DEATH	2 ~	15-51
Α.		EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased live		ution : residence before admission)
H	FULL NAME OSPITAL OR STITUTION	Univ.		ion, give street address or location)	c. CITY OR TOWN	Jutside corporale	limits, wri	te RURAL and give township)
c.	th of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location	n)	
	M	6. COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify)	Sept. 23, 1891	6-059	Months	Vear If Under 24 Hours Days Hours Min.
work	done during most	CUPATION (Give kind of of working life, even if retired)		of Business or Industry	11. BIRTHPLACE (State or f	Co my	7	WHAT COUNTRY?
]	Marion C	arr			Martha Morris	AME		
15 (Yes	. WAS DECEASI , no or unknown) NO	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT MAN Helen	Carr	Street .	+ md
ERTIFICATION	OTHER S	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication which complication which complication is considered.	TH of dying, e. g of	(B) Jue To  (C) (C)	by Catantana	Aut o	i.	AND DEATH
U		F OPERATION 1		FINDINGS OF OPER	ATION		1	20. AUTOPSY?
IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i		lf in Baltimore C	ity, give e	YES NO Exact location)
Σ	21D. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?		
	22. I herch deccased a	live on 2 -15			red at 3:30 Fm., from to 3B. ADDRESS		on the do	at I last saw the ate stated above.
24	AA. BURIAL.	Peoify) Fel. 18	7 195		RY OR CREMATORY 240. L	MATCH (City, 1		
	ATE RECEIVE CAL REGIST FB 1 51		SIGNATU	Williams, M.	25. FUNERAL DIRECTOR	rilens	Par	lington
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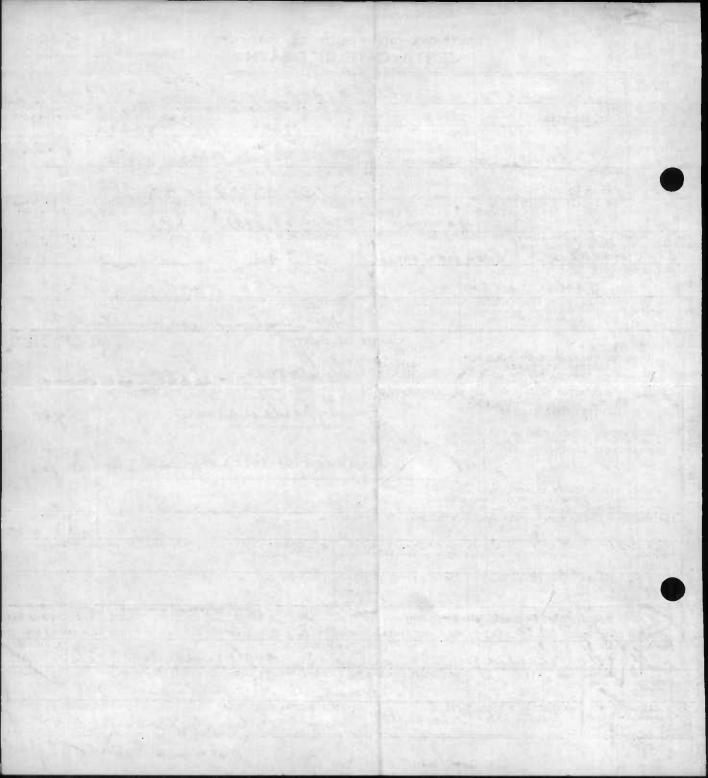


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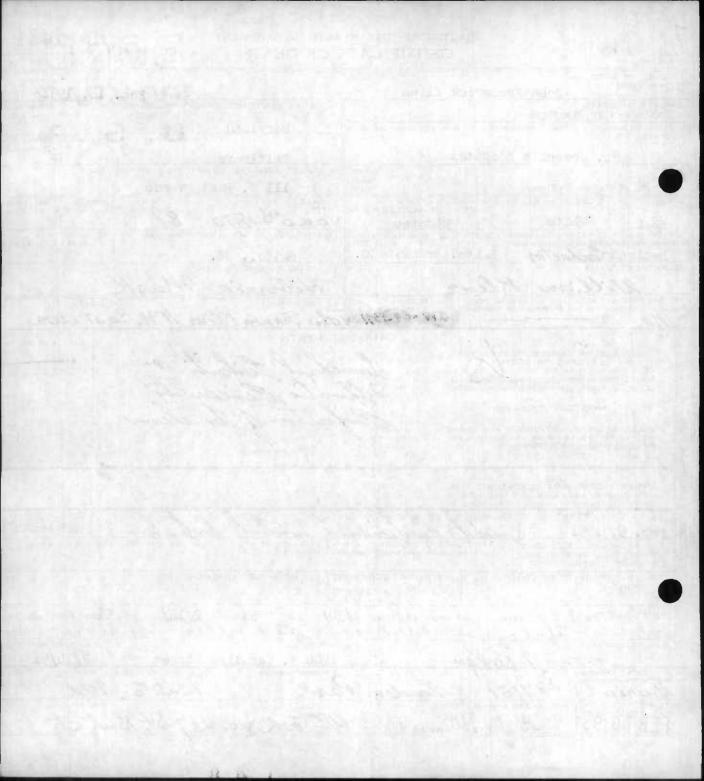
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A.	1483	CERTI	FICA	TE	OF	DEAT	H
BIRTH	NO.						

A.	CFL	)		CERTIFICAT	E OF DEATH	Registere	d No.
	RTH NO.						
1. (T:	NAME OF D		EPH	TAMES	EVANS	2. DATE OF DEATH	1-13-51
	PLACE OF D			ATT TO STATE OF		CE (Where deceased lived.	
		City, Maryland	al or instituti	on, give street address or	A. STATE M.D.	B. COUNTY	before admission)
HC	SPITAL OR	OF (II not in nospit	ar or mstituti	location	c. CITY OR TOWN		mits, write RURAL and give
IN	STITUTION	ST. AGNES	5 Has	PITAL		ISVILLE	township)
1				Yrs.	D. STREET ADDRES	s (If rural, give location)	
c.	Length of s	tay in Baltimore		Mos. Days	100 W	DOD LAWN.	AVE.
_	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   II Under 24 Hours
	M	W		ED, DIVORCED (Specify)  ARRIGO	NOV. 27, 18	last birthday)	Months Days Hours Min.
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF
ork		of working life, even if retired)		INDUSTRY	MD.		WHAT COUNTRY?
13	FATHER'S		CALM	(m)	14. MOTHER'S MAIL	DEN NAME	
		JAMES	EVANS	(6)	MAR	YKERN	
15	. WAS DECEASI	D EVER IN U. S. ARMEE	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
I GE	N O	(11 Jes, give war or date	e or service)	SECURITY NO.	mer may Ex	me in W.	odlaws Ove.
٦	18. //-			CAUGE	OF DEATH	7000	INTERVAL BETWEEN
	77	0 / 1					ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Acu	to lana	y diseas	
1		s not mean the mode oure, asthenia, etc. It mes	of dying, e. g	(A)	-a courte	y onvers	0
	injury or	complication which	caused death	) DUE TO			
ı		ANTECEDENT CAUS	SES		Hyperlee	1 1 1 10 1	(~,,,,
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3	UNDERL	YING CONDITION L	AST.		-		0.100 -0.26.16
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اد	TO THE C	SEASE OR CONDITION	CAUSING I	Γ	47101		Loo Allegado
į	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
5	214 ACCIDE	ENT. SUICIDE,	1 21s DI A	CE OF INJURY (e. g.,	n or   21c. WHERE DI	) (If in Reltimore Cit	y, give exact location)
5	HOMICIDE	(Specify)	about home, fo	arm, factory, street, office bldg.,	etc.) INJURY OCCUR	?	y, give exact location;
Z		•					
R	D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR		NJURY OCCUR?	
			m.	WORK NOT WHILE			
	22. I hereb	v certify that I att	ended the	deceased from h	V= 5 1945	to Feb. 13 19	5 f, that I last saw the
	deceased a	live on Feb 13	19.17	and that death occu	rred at \$15 Am.	rom the causes and or	n the date stated above.
	23A. SIGNA		,		23B. ADDRESS 0		23c. DATE SIGNED
	//	· 11. Hen	ing	м. р.	208 - Ky	Leude an	114/51
24	A. BURIAL,	CREMA- 24B. DATE	112		RY OR CREMATORY	240. LOCATION (City, to	wn, or county) / (State)
110	ON, REMOVAL (S	Specify) 2 - 16	-51	Cathe	hal Cem!	Balteness	ned.
	ATE RECEIVE		SSIGNATH	75	25. FUNERAL DIRE	CTOR	ADDRESS
	CAL REGIST	RAR Section	14 198 - 111	Markle, Hall	Sunga A For	ley- Fultware	Jnuttisx
ro	FRIPIS	19	1			J Victoria	Juliu - 1.
	VS 150						



### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE. (Type or Print) John Frederick Kline DEATH Feb. 14. 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore 111 N. Fast Avenue Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Conductor Balto. Transit Co. Balto., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) HO 18. 10.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY Feb. 5. 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from 1/30/ , 19 57 to\_ 2/14 , 19 5, hat I last saw the deceased alive on 2/11/ \_\_\_, 19\_51 and that death occurred at 3:12 PM., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1400 N. Caroline Street 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OF CREMATORY | 24o. LOCATION (City, town, or county) Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR FEB 16195



51. 1.485

Registered No.

BIRTH NO.			
I. NAME OF DECEASED (Type or Print)  Matile	da Sullivan	2. DATE OF DEATH Feb. 12	
3. PLACE OF DEATH: 1400 We A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit	Lexington Street al or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: re A. STATE B. COUNTY before Maryland	sidence admission)
INSTITUTE OF INSTI	location)	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give lownship)
c. Bength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  1400 W. Lexington Street	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	B DATE OF BIRTH 19. AGE (In years) If Under 1 Year 1 If	Under 24 Hours
Female White	widowed Divorced (Specify)	April 22, 1872   last birthday)   Months Days   Ho	urs Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN  WHAT C	OF OUNTRY?
13. FATHER'S NAME William S	. Sullivan	Hannah Elizabeth Wilcox	
15. WAS DECEASED EVER IN U.S. ARMEI Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT 1400 W. Lexington Street	
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mes in jury or complication which of the complex of th	DIRECTLY TH Of dying, e. g., ans the disease, caused death.)  SES  F ANY, GIVING STATING THE AST.  (C)  ITIONS CON-	Peribul Mankois 726  pullmine arknowledge  C-V-D.	ND DEATH
TO THE DISEASE OR CONDITION		ATION 20. 'AU	TOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., about home, farm, fectory, street, office bldg.,		ation)
O. TIME (Month) (Day) (Year	(Hour) 21E, INJURY OCCURR  MHILE AT NOT WHILE AT WORK		
22. I hereby certify that I at deceased alive on Fibruary 23A. SIGNATURE  Member Education	14, 191, and that death occu	4- E-35 nd St But 18 Felower	ted above. E SIGNED 4 15.195
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 2/16/5	Fmanuel Churc	RY OR CREMATORY 24D. LOCATION (City, town, or county)	
DATE RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS  No. Evole nc. 1217 St. Paul Stree	et
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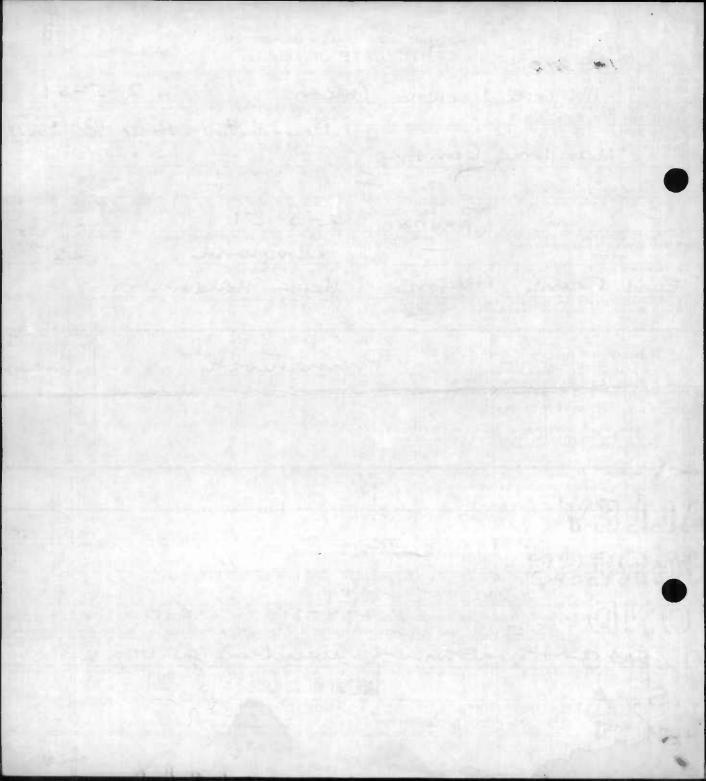
Segistered No. 1486

1. NAME OF DECEASED 2. DATE (Type or Print) MYATLE EILEEN PEREGOY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUBAL and give INSTITUTION UNION MEMORIAL township) LTIMORE Yrs D. STREET ADDRESS (If rural, give location) MOS. ength of stay in Baltimore SARCLAY Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? NONE RYLAND 13. FATHER'S NAME HOMAS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or ooknowo) SECURITY NO. Lotta Willes 1804 Barcla 18. CAUSE OF DEATH 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES estemene Cardes vacant RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 1957 to FEB 14, 1957, that I last saw the 22. I hereby certify that I attended the deceased from FEB deceased alive on FEB 14, 1951, and that death occurred at 4:07 m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Bellimore Bander Burial 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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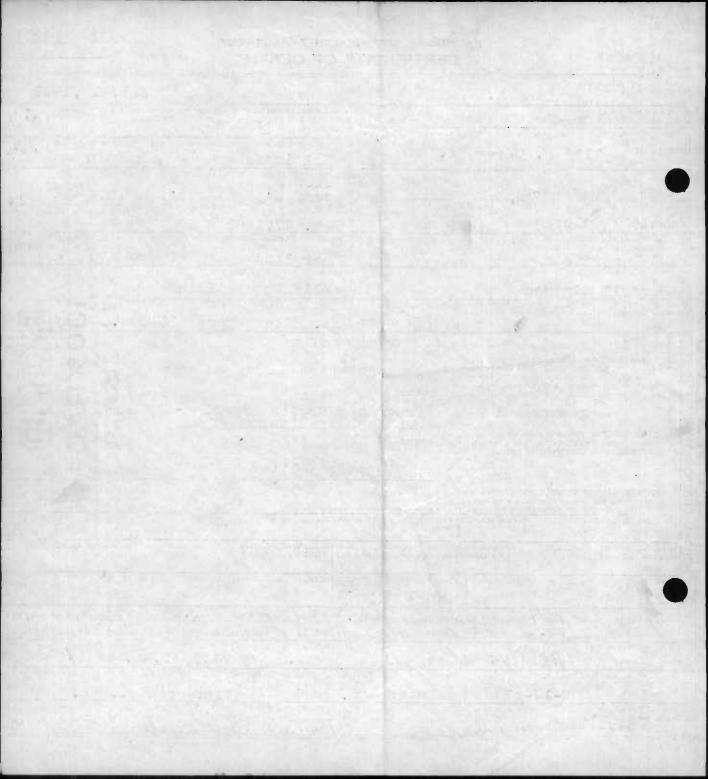
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	See week	100	1450				E OF DEATH		red No	
_	NAME OF	DECEAS	SED SED					2. DATE		
(T	ype or Print)	M	arionie	Da	rlene	A	dams	OF DEATH	2-5	-51
	Baltimore					100	4. USUAL RESIDENCE	(Where deceased liv	TV .	hefore admission
	FULL NAME	OF	(If not in hospit	al or institut	ion, give street	address or location)	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	iston Hon	1	retrenton P
	STITUTION	Mo	wylan	d Ge	m. Hos		S PROWN	(If outside corporate	limits, wr	township
						Yrs.	D. STREET ADDRESS	If rural, give location	on) (Van	cel Cont.
C.			Baltimore		2	Days	R	W.3.	57	-34
5.	SEX	6.CO	LOR OR RACE	WIDOW	MARRIED,	D (Specify)	8. DATE OF BIRTH	9. AGE (in yea		l Yaar if Under 24 Hours Days Hours Min.
10	A LISUAL OF	CCLIPAT	TION (Give kind of		OF BUSINES		11. BIRTHPLACE (State of	r foreign country	1 10	2
			g life, even if retired)	IOB. KIIVE		DUSTRY				CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME		_			14. MOTHER'S MAIDEN			003
1	Earl	FV	rank	140	ams		Itelen He	nderso	~	
15 (Yes	. WAS DECEAS	SED EVE	R IN U. S. ARMED	FORCES?	16. SOCIAL SECURI	TV NO	17. INFORMANT		ADDR	ESS
È,					SECOM	11 110.				
	18. 77	6 X	1		С	AUSE	OF DEATH			INTERVAL BETWEEN
		LEAD	CONDITION ING TO DEAT	ГН	35 m	Pr	ema Turi	tra		7 1.0
	heart fail	ure, asth	ean the mode on enia, etc. It mea ication which c	ns the diseas	e,			· M		
	injury or		CEDENT CAUS		.) DUE TO					
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S	UNDERL	TING	CONDITION LA	.51.	(C)		***************************************			
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ER	TRIBUTIN	G TO TH	ICANT CONDI	NOT RELATE	D					
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DICAL		940	0							YES NO
MEDIC		R CON	VAS UNDER- TRIBUTING		CE OF INJUR arm, factory, atreet,			(If in Baltimore	City, give	exact location)
2	TID. TIME		) (Day) (Year)		21E. INJURY			RY OCCUR?		
b				m.	WORK	NOT WHILE				
	22. I here	by eert	ify that I att	ended the	deceased from	m 2-	3 - 51, 19, to_	2-5-51	19, th	at I last saw th
	deceased of		5-2-2	, 19	and that dea		rred at II A.m., from	the causes and		ate stated above
	Do	rue	Asta	BAL	theren	M.D.	maryland	Spu. H	Dap 7	L-6-51
24 TIC	A. BURIAL, ON, REMOVAL (	CREMA- Specify)	24B. DATE		24c. NAME of	CEMETE	STY MEDICAL SCHOOL FE	B 7 1951.	town, or co	ounty) (State)
	ATE RECEIVE		REGISTRAR'	SSIGNATU	IRE -	/ 500	25. FUNERAL DIRECTO	R OF TICO	AD	DRESS
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#### BALTIMORE CITY HEALTH DEPARTMENT CFRTIFICATE OF DEATH

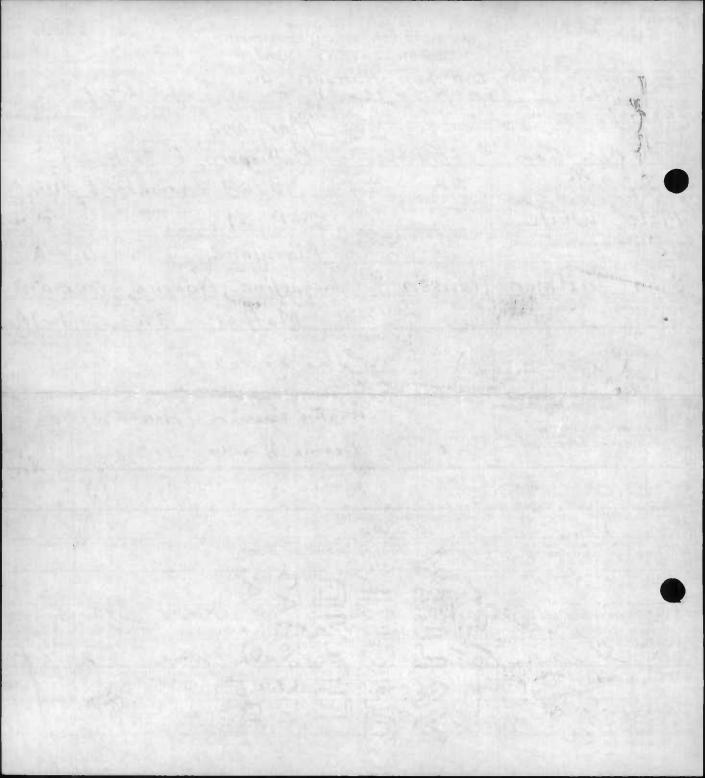
	IRTH NO.			CERTIFICATI	OF DEATH	registered i	10
1. (T	NAME OF D		E. TA	RTER		2. DATE OF Feb	. 13,1951
A.		City, Maryland	al or instituti	on, give street address or	4. USUAL RESIDENCE (V	Where deceased lived. If	institution: residence before admission)
H	OSPITAL OR ISTITUTION	1113 N. C		location)	Baltimore	16-	s, write RURAL and give township)
		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If		
F	'emale	Colored	Wido		8. DATE OF BIRTH Feb. 27,1881	last birthday) Mo	onths Days Hours Min.
vor	k doneduring most o	CUPATION (Give kind of of working life, even if retired) 1051C	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
13	Pernel	.1 Simpson			14. MOTHER'S MAIDEN N Elizabeth Co		PERC IN
15 (Ye	5. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARMEI - (If yes, give war or date	D FORCES? s of service)	16, SOCIAL SECURITY NO.	17. INFORMANT Mrs. Etta Roge		· Carey St
	18. 76	O X I	DIRECTLY	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failu	LEADING TO DEA not mean the mode are, asthenia, etc. It mes complication which	TH of dying, e. s ans the diseas	e,	stive Heart Fa	ilure	?
ZO	DISEASES	rten-Cardio	?				
CERTIFICATION	RISE TO T						
RTIF		II SIGNIFICANT COND		٧٠	is Melitus		?
	19A. DATE C		CAUSING I		ATION		20. AUTOPSY?
EDICAL		None O   ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i		If in Baltimore City,	give exact location)
ME		X (Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereb	y certify that I att	tended the	deceased from Apr.	rcd at 6 Pm., from		that I last saw the he date stated above.
	23A. SIGNA		ora	//	844 N.C. rey S		23c. DATE SIGNED
2 TI	Burial Burial	Specify) 2-17-5		Arbutus Mem	A CONTRACTOR OF THE PARTY OF TH	timore Co.	
0.4	EB 1613	BY REGISTRAR	S SIGNATU	IRE	Modranes V.	Heusley 5	Address 78 W. Blddle St.
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	بازار.		BAL	TIMORE CITY H	EALTH DEPARTMENT	T	. M. X D U
В	IRTH NO. 5	7-03302	/	CERTIFICAT	E OF DEATH	Registered	No.
1	. NAME OF D Type or Print)			Mar Ha	nsen, Jr.	2. DATE OF DEATH 2 -	-/2-51
	. PLACE OF D . Baltimore (	EATH: City, Maryland		7	4. USUAL RESIDENCE	(Where deceased lived, I:	f institution : residence before admission
B. H	FULL NAME		al or instituti	ion, give street address of location		(If outside cornorate limi	ts, write RURAL and give
11	NSTITUTION	TD. GEN.	Hos	PITAL	Battimor	re 6 27	7-34 township
	ength of s	tay in Baltimore	á	Yrs. Mos. Days	D. STREET ADDRESS (	If rural, give location)  Frankfo	rd Ave
5	Male	White		E. MARRIED, ED, DIVORCED (Specify	2 - 11 - 51		ff Under I Year on the Days Hours Min.
10 wor	DA. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired)	10a. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Marulan	1	12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S N	AAME . H	11.		14. MOTHER'S MAIDEN	A	C
11	S WAS DECEASE	D EVER IN U. S. ARMED		nsen	Jacqueline	Norma.	simmons
(Y	e, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Mothe		Fran for J A
	18. 7 6	1		CALISE	OF DEATH	3103	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	-	2		ONSET AND DEATH
		LEADING TO DEAT	TH	1	REMATUR	ITY	
	heart failu	re, asthenia, etc. It mea complication which c	ns the disease	e,			
		ANTECEDENT CAUS	ES	R	+ 3, -	. (1)	
LION		OR CONDITIONS, II		0	rature séparation	is of placema	•
4		HE ABOVE CAUSE (A) 'ING CONDITION LA		E DUE TO	exemin of moth	ler.	
FIC							
RTI	OTHER S	II IGNIFICANT CONDI	TIONS CON		2		
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D	-		
				FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL		VONEO		Nu NE	MATERIAL STATE		YES NO
MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
-	21D. TIME (	Month) (Day) (Year)	(Hour) 2	TIE. INJURY OCCURR	ED 21F, HOW DID INJU	RY OCCUR?	
-			m. W	WORK NOT WHILE		h and the En	
	22. I herch	y certify that I att	ended the	deceased from Z	611 , 1957, to_	Fel 12 , 195	7, that I last saw the
	deccased al	ive on refell	, 1957.	and that death occur	rred at 2 m., from	the causes and on t	hc date stated above
	23A. SIGNAT	Filliam	V-K	SN M.D.	238. ADDRESS	Hors	23c. DATE SIGNED
	4A. BURIAL, CON, REMOVAL (S		2	24C, NAME OF CEMETE	WILLIAM INCOMES OF THE	B 1 3 1951	
D.	ATE RECEIVE	nd 677			25. FUNERAL DIRECTOR	Health	ADDRESS
	LEBIO	The state	4/47-11/	clianist, Holl	Commissioner of	MUMBLE .	
	VE 150			Tanana to an artist			

VS 150

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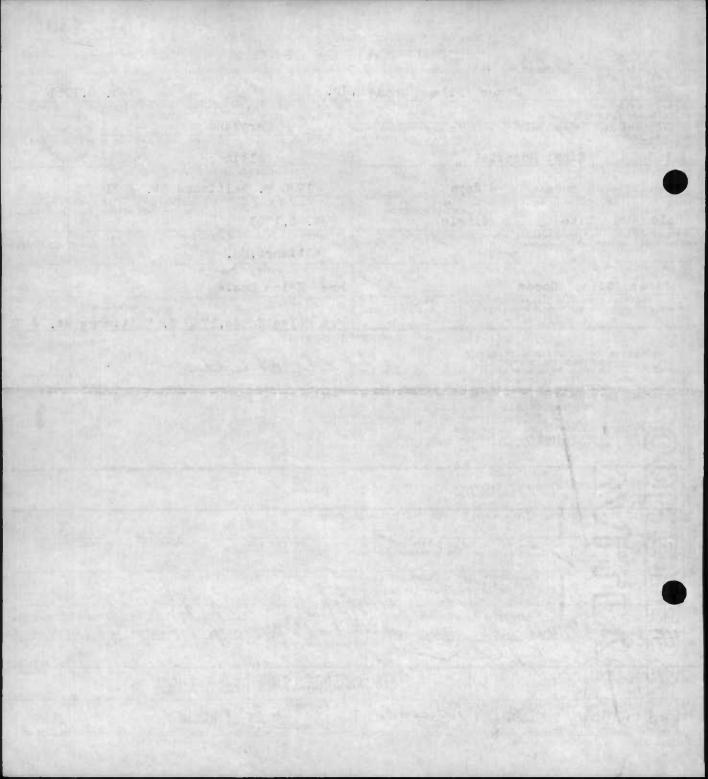
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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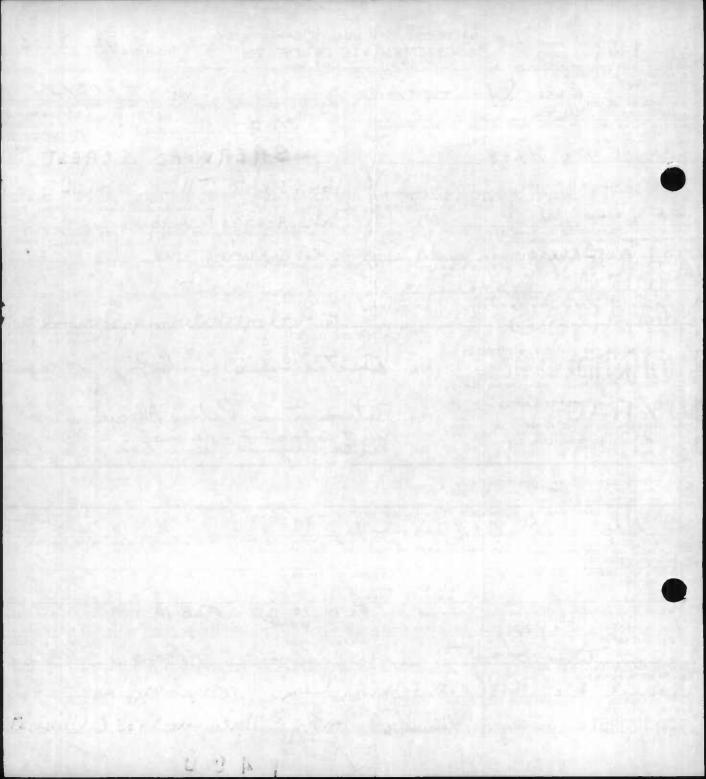
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Registered No.

В	IRTH NO. 5	1-02630		CERT	TIFICATI	E OF DEATH	Registered	No.
(7	NAME OF D Type or Print)	ECEASED J	fames :	Silas	Goode ,	Jr.	2. DATE OF DEATH F	eb. 9,1951
	Baltimore (	EATH: City, Maryland			He'clast	4. USUAL RESIDENCE (V	Where deceased lived, I	If institution : residence before admission)
B. H	FULL NAME OSPITAL OR		al or institut	ion, give s	treet address or location)	Marylar c. CITY OR TOWN (I	nd	its, write RURAL and give
11	NOITUTION	Sinai Hos	nital			Baltimo		( township)
					Yrs.	D. STREET ADDRESS (If		
С	hgth of s	tay in Baltimore	4 da	78	Mos. Days	1740 E. Balt	imore St. #	31
	SEX Male	6.COLOR OR RACE	7. SINGLI WIDOW Sin	E, MARRI VED, DIVO	ED. PRCED (Specify)	8. DATE OF BIRTH Feb. 5.1951		If Under 1 Year In Under 24 Hours In Inches Days Hours Min.
1C	DA. USUAL OC	CUPATION (Give kind of working life, even if retired)		_	INESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
		or wind the death in tented			INDUSTRI	Baltimore, Md.		WHAT COUNTRY
13	B. FATHER'S	NAME				14. MOTHER'S MAIDEN N	AME	
		Silas Goode			70 25 0	Mrs Helen Doxie		
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOC	CIAL CURITY NO.	17. INFORMANT		ADDRESS
_				320	, OKI   1 140.	Mrs Helen Goode,	1740 E. Balt	timore St. # 31
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA  IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	TH if dying, e, s in the diseas aused death SES  F ANY, GIVIN STATING THEST.	e, DUE	TO	telectas		
AL.	19A. DATE C	of OPERATION 1	98. MAJOR	FINDIN	GS OF OPER	ATION		20. AUTOPSY?
MEDICA	LYING OF	ENT WAS UNDER CONTRIBUTING[] DEATH Month) (Day) (Year)	(Hour)	arm, factory,	NJURY (e. g., ir etreet, office bldg., e URY OCCURRE NOT WHILE	tc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
	22. I herch	wertify that A att	A			5/5/ 19 to	2/9/01 19	_, that I last saw the
	deceased al	" WILLIE	//		death occur	10.0		the date stated above.
	23A. SIGNAT	surest.	Che	~		38. ADDRESS	To olynood talke on	23c. DATE SIGNED
Z/ TIC	AA. BURIAL. CON, REMOVAL (S	CREMA- 24B. DATE pecify)		24c. NAM		THE REDUCTION FEB	13 1951	n, or county) (State)
D.	FEB 16	REGISTRAR	S SIGNATU	Millia	us, Mor	25. FUNERAL DIRECTOR	Heelle	ADDRESS
	VS 150		D. O.	1,1,4	9 2			



236	
BALTIMORE CITY HE	EALTH DEPARTMENT V 51 1492
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE 0F 2./12/-/
3. PLACE OF DEATH:	DEATH //3/3/
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	MD anned.
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
UNIV. HOSP.	OHEK WOOD FOREST
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Days	164 -RIAR TUCK HILL
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BURTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min.
- W M	Jele-19-1901 49400
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even (4 retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
School Leacher- and hounded for hr.	BOWALD MAD WHAT COUNTRY!
13. FATHER'S NAME High behoof	14. MOTHER'S MAIDEN NAME
William Dallace	Man Inch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS .
(1 m, no or unknown) (11 yes, give wer or dates of service) SECURITY NO.	& Dan John She 12 4
1B. / CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	T. (8 (D)) 101
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ecema c. coc / varp
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	TOPICAL I
DISEASES OR CONDITIONS, IF ANY, GIVING	personed o ever mais 6 who
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CLEAN	Tabdomno-perment.
UNDERLYING CONDITION EAST.	o-sugmond reservon (ow po
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
Dec 1950 Ca of sigmoid	YES NO _
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, Tarm, Tactory, atreet, office bidg. e	a or 21c. WHERE DID (If in Baltimore City, give exact location) lnJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m.   WORK   AT WORK	h 10 1051 5 - h 13 1051 11
deceased alive on Feb 13, 195! and that death occur	b. 10 1951, to - 12, 195/that I last saw the
4/9/4	3B. ADDRESS 23c, DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
FION, REMOVAL (Specify)	NN OF TON
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	De Will & The Co. CT
FEB 161951 Matienter Milliams, M. T.	To ken C. 11 felly the 2+35 E Veneral
VS 150	
09381	1 400 0462



### BALTIMORE CITY HEALTH DEPARTMENT

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	JJ.	1433
egistered	No	
E KS	216	10.51

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	).
1. NAME OF DECEASED (Type or Print) ROBER+	DRYGEN		2. DATE OF PEB 1	5,1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution)	- 6	4. USUAL RESIDENCE (WA. STATE	Where deceased lived. If in B. COUNTY	stitution : residence before admission
HOSPITAL OR INSTITUTION TOLK TO SPITA	location)	C. CITY OR TOWN (IF	outside corporate limits,	write RURAL and give township
congth of stay in Baltimore	Yrs. Mos. Days	Lita Ministra	rural, give location)	
	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH 12-8-83	9. AGF (In years) If U	hs Days Hours Min.
10A. USUAL OCCUPATION (Giyekindor 10B. KIN ork dose during most alworking life, event (retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country) - Md.	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME & Dryd	en	14. MOTHER'S MAIDEN NA	AME.	,
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or baknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	OPKIES HOSPITEL	DRESS
LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ase, DUE TO	hal Missil	scheon)	+ day st
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED .	u Wellelus		
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		YES NO
	ACE OF INJURY (e. g., in g, farm, factory, street, office bldg., e		f in Baltimore City, giv	e exact location)
2 ID. TIME (Month) (Day) (Year) (Hour)  INJURY  m.	21E. INJURY OCCURRI	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased alive on 2-15-1951	e deceased from	-8- 1951, to	2-15-, 1951, he causes and on the	
23A SIGNATURE		3B. ADDRESS LAUR DO	PILIS EOSTRAL	23c. DATE SIGNED 2-15-5/
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Durial 2/19/5/	24c. NAME OF CEMETE  Ratino	u Cem. North	ave - Rose A.	-Balto.Md.
DATE RECEIVED BY REGISTRAR'S SIGNAT	WRE CHANGE AND	John C. Mille	was - 2435 C	". Oliver It.

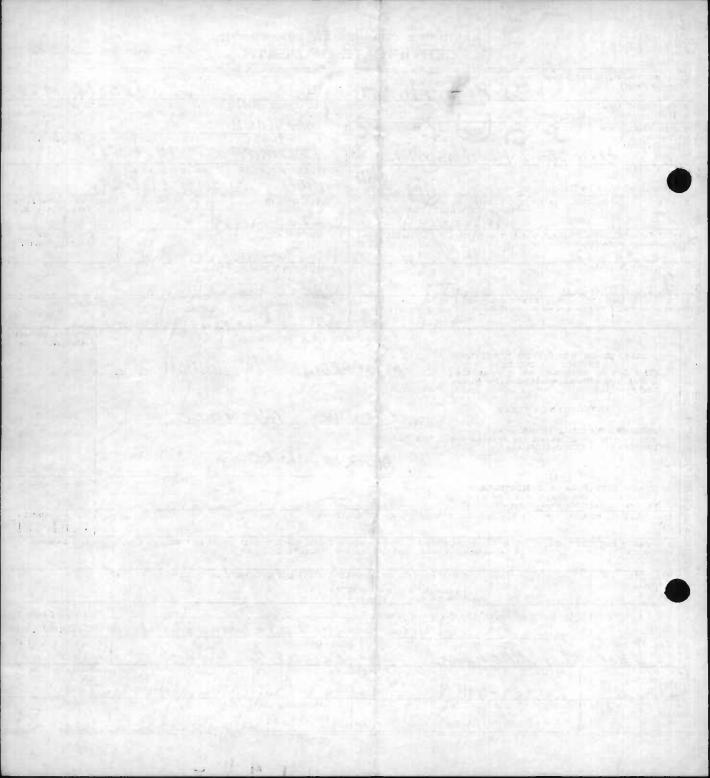
BALLMORL ILLY N. MILES SILL (St. March St. Charles & The seek is) Carlotte garage Cally I'm AND DIE CHANNEL BIRTH NO.

1. NAME OF DECEASED CLAGE II

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1494

-				
1.	NAME OF DECEASED CLAGE IT TO HUBER	7 A.	OF DEATH FEB.	14 1951
	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	ere deceased lived. If ins B. COUNTY	titution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR FOWN (If or	ntside corporate limits, v	TA RIVE ON STREET
11	UNIVERSITY HOSPITAL	BALTIMILE	# 14	township)
4	Yrs. Mos.	1 1 6	ral, give location)	
-	length of stay in Baltimore Days		ISEA RUAI	)
0	6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years II Uno last birthday) Month	eil Year H Under 24 Hours Is Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	1. BIRTHPLACE (State or fore		CITIZEN OF
101	kdopeduring thost of working life, even if retired)	montgomery C	Lan o	WHAT COUNTRY?
13	BULK.	14. MOTHER'S MAIDEN NAM	IE O	
1.5	5. WAS DECEASED EVER IN U. S. ARMED FORCES   16. SOCIAL	Ellin Tra	lug	
(Ye	se, no or unitrown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADD ADD	RESS P
	18. 4 20. / . CAUSE	OF DEATH	(-1444 house	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	V		ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ARDIAL INFAR	:770N)	
	injury or complication which caused death.) DUE TO			
7	ANTECEDENT CAUSES	UDRY THROMBO	15/5	
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
CA		RIUSCLE COSIS	CERTIFICATION	AR COVED BY
H	11 (c) MK/G	CTO OCHOROT.	for the	A
EB	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		Grandy Mia	Sulashin 1. D
U ,	TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS			20. AUTOPSY?
CAL				YES NO
4EDI	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, give	e exact location)
4	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR FINJURY		OCCUR?	
	m. WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attended the deceased from		, 19, t	
		red at 10:50 Am., from the		date stated above.
	John J. Strahan M.D.	Muverety Ah	osp.	2/14/51
3	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CENTETE	RY OR CREMATORY 240. LOC	CAT ON (City, town, or	County) (State)
1	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	4 Md - Dr	DDRESS
L	OCAL REGISTRAR PEB 16 195 Mariting 1977 Milliants All	Lulle Miller	us. 2+35 & C	Dline St
	VS 150	1	0	240



23A. SIGNATURE

24B. DATE

24A. BURIAL, CREMA-TION REMOVAL (Specify) Burial DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Sunturity / Villand, M.

M. D.

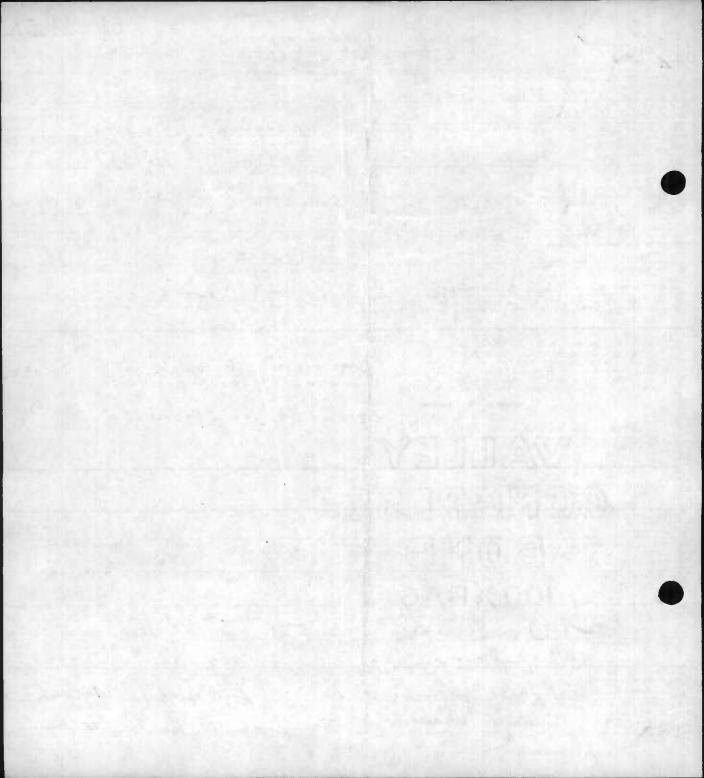
25. FUNERAL DIRECTOR

24c. NAME OF CEMETERY OR CREMATORY

Austo. 24D. LOCATION (City, town, or county)

ADDRESS

VS 150



51 1496 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Length of stay in Baltimore Work Arreson. Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. narried IOA. USUAL OCCUPATION (Give kind of 1. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Manager 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 9-20-124 INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFICA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION g., in or 210. WHERE DID 218. PLACE OF INJURY (c. g., 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? JD. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Dec 2 5, 1949, to 9eb /4, 195/that I last saw the deceased alive on Jeb 14, 1951, and that death occurred at 4 30 P. m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 2.15.51 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Manytan DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

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# BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	97		CERTIFICA	TE OF DEAT	ТН	Registere	d No.	1.407		
1. NAME OF (Type or Print)		E. TIMM	ERMAN			2. DATE. OF F DEATH	eb. 12	2, 1951		
	City, Maryland			A. STATE		here deceased lived B. COUNTY		ition: residence before admission)		
B. FULL NAME HOSPITAL OR INSTITUTION	wyman Pk	Drive	ion, give street address & 31 St Sitestic	c. CITY OR TOW		outside corporate li	imits, writ	e RURAL and give township		
ngth of	stay in Baltimore	29	days Yr.	s. 230	D. STREET ADDRESS (If rural, give location) 230 Chelsa Avenue					
5. SEX	6. COLOR DR RACE	Si	MARRIED. ED. DIVORCED (Spec	8. DATE OF BIR		9. AGE (In years last birthday)	Months: 1	Year H Under 24 Hours Days Hours Min.		
10A. USUAL Of ork dooe during mos	CCUPATION (Give kind of t of working life, eveo if retired) Nan	10B. KIND	of Business or INDUST Seafarer		11. BIRTHPLACE (State or foreign country) Texas					
13. FATHER'S				14. MOTHER'S M	AIDEN NA	ME		USA		
	am Timmerman			7 Wan	om					
15. WAS DECEAS Yes, oo or unknown Yes	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO 413-44-9984	17. INFORMANT Records	- US Ma	arine Hosp	ADDRE	ss Balto,Md.		
18. 20	0.1	15.15	CAUSI	OF DEATH			IN.	TERVAL BETWEEN		
	SE OR CONDITION LEADING TO DEA	TH	T.	ymphosarcoma,	rener	olized		Unknown		
heart fail	es not mean the mode of ure, asthenia, etc. It mean r complication which of	ns the disease	(A)			W12304		······································		
	ANTECEDENT CAUS	SES								
DISEASE	S OR CONDITIONS, I	F ANY, GIVIN			• • • • • • • • • • • • • • • • • • • •	***************************************				
	THE ABOVE CAUSE (A). YING CONDITION LA		E DUE TD				- 44			
			(0)					***************************************		
TRIBUTIN	SIGNIFICANT CONDI G TD THE DEATH, BUT DISEASE OR CONDITION	NDT RELATE	D							
			FINDINGS OF OP	ERATION			1 3	20. AUTOPSY?		
Š	2							YES NO		
21A. ACCII LYING C CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING DEATH	21B. PLA about home, fo	CE OF INJURY (e. g erm,factory,etreet,office bld	g.,etc.) 21C. WHERE INJURY OCC	DID (If UR?	in Baltimore Cit	y, give ex	act location)		
21D. TIME INJURY	(Month) (Day) (Year)	(Hour)	LIE. INJURY OCCUP	RRED 21F, HOW DI	D INJURY	OCCUR?				
		m.	WORK NOT WHI							
deceased a	by certify that I att	18 51	and that death occ	urred at 10 A	51 to F	e causes and or	51, tha	t I last saw the		
John L.	Wilson, Medi	cal Dir	ector M.D.	US Marine			1 230	DATE SIGNED		
24A. BURIAL, TION REMOVAL (	Specify Le-16-	5/ 2	SAC. NAME OF CEME	TERY OR CREMATORY	Y 240. LO	CATION (City, to	wn, or eou			
DATE RECEIVE LOCAL REGISTED 1619	TRAR SOOT AND W	S SIGNATU	RE	25. FUNERAL DI	RECTOR	Treeto	ADD	RESS		
VS 150	1	5 1	673	5 400	3.6	25%	57	osse		
			400				(			

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) Ĵ	IRTE	1.49	8		ВА	- Sept.		E OF DEATH		Registered	51. No	1498
1.	NA	ME OF C	ECEASED	-	CYPI	(0	ate	S		OF FO	6 14	11951
A	Ba		City, Man		ON			4. USUAL RESIDE	NCE (Where			n: residence efore admission)
H	OSP.	L NAME ITAL OR TUTION	-	not in nospit	al or institu	tion, give stre	location			le corporate lin	its, worth I	URAL and give township)
7			1	10196	1	20	Yrs. Mos.	D. STREET ADDRES	1	give location)	1	12 - N.
5	SE)		tay in Ba	R OR RACE		E, MARRIED	Days	8, DATE OF BIRTH	9. A	GE (In years ast, birthday) M	If Under 1 Year	
10	DA. U	ISUAL OC	CUPATIO	N (Give kind of	10B. KIN	D OF BUSIN	ESS OR	11. BIRTHPLACE (S	7//	40	0 0	IZEN OF
1	40	THER'S	wit	exen if retired)	own	w Ho	We	14. MOTHER'S MAI	w.		U.	1 COUNTY?
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(Ye	. W	upbnown)	ED EVER IN (If yee, g	U. S. ARMEI	FORCES?	16. SOCIA	RITY NO.	12 INFORMANT	rates	-824	DDRISS	irut an
	18.	1 /	J X	I	DIRECTLY		CAUSE	OF DEATH		2		RVAL BETWEEN
		(This does heart failu	LEADING not mean ire, asthenia	the mode of the mean of the mean of the mean of the mean which experiences the mean which experiences the mean of	TH f dying, e. ns the diseas	g., (A) .	Sen	vere Emo	iciat	202	6	mo
7			ANTECED	ENT CAUS	ES	(B)	Sin	ondary	anos	med	1	42
FICATION		RISE TO T	HE ABOVE	DITIONS, II CAUSE (A) IDITION LA	STATING T	NG	Pel	mi Carcin	noma of	Ovarian	/	'yı
CERTIF		TRIBUTING	TO THE	II NT CONDI CEATH, BUT CONDITION	NOT RELAT	ED /	Lym	phedena	of R.	glit La	9. 4	+ mo
-	_		F OPERA			FINDINGS	OF OPE	RATION		0	20 YES	AUTOPSY?
IEDICAL	LY		ENT WAS R CONTRI DEATH	UNDER- BUTING	21B. PL.	ACE OF INJ farm, factory, str	URY (e. g.,	in or 21c. WHERE DI etc.) INJURY OCCUR		Baltimore City,		
Σ	21	D. TIME	(Month) (	Day) (Year)	(Hour)	21E. INJUR	Y OCCURE		INJURY OCC	UR?		TEN A
	22	· I hereb	y certify	that I att	ended the	deceased	from 1 -	-2-195	/to_2-			last saw the
	23	A. SIGNAT	TURE	m	00 6	and that d	MD!	rred at 7 7 m.,	from the car	uses and on	he date	Stated above.
2/1	Z.R	BURHAL, CEMOVAL	REMA- 2.	2/18	51	THE.	of CEMETE	PAY OR CREMATORY	249. LOCATI	ION (City pwr	or county	Puds (State)
ביות		RECEIVE REGIST		ESISTRAF	S SIGNATO	JRE		25. FUNERAL DIRE	CTO	191	ADDRE	ss la
=	E E	vs 150	· + C	. 0	25 FINAL			1 (Vas	Proceeding	Nga	2	W CA
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#### 51 1499 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) LARRY SIMPSON DEATH February 14, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY. A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF location) HOSPITAL OR C CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Baltimore D. STREET ADDRESS (If rural, give location Yrs. ngth of stay in Baltimore 304 N. Pine Street Days 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours | Min. 6 COLOR OR RACE NIGLE, MARRIED, 8. DATE OF BIRTH (Specify) male colored ulav 10A. USUAL OCCUPATION (Give kind of work done during most of working his even if refred) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 16. SOCIAL WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT ADDRESS INTERVAL BETWEEN CAUSE OF DEATH 2 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Interstitial pneumonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 豆 ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES XX 2.18. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT AT WORK WORK autopsv $\mathbb{Z}_2$ . I certify that I took charge of the remains described above, held an $\_$ thereon and from

Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED

ASSISTANT MEDICAL EXAMINER ..... MEDICAL INVESTIGATOR ..

24A BURIAL (Spec

24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

STRAR S SIGNATURE

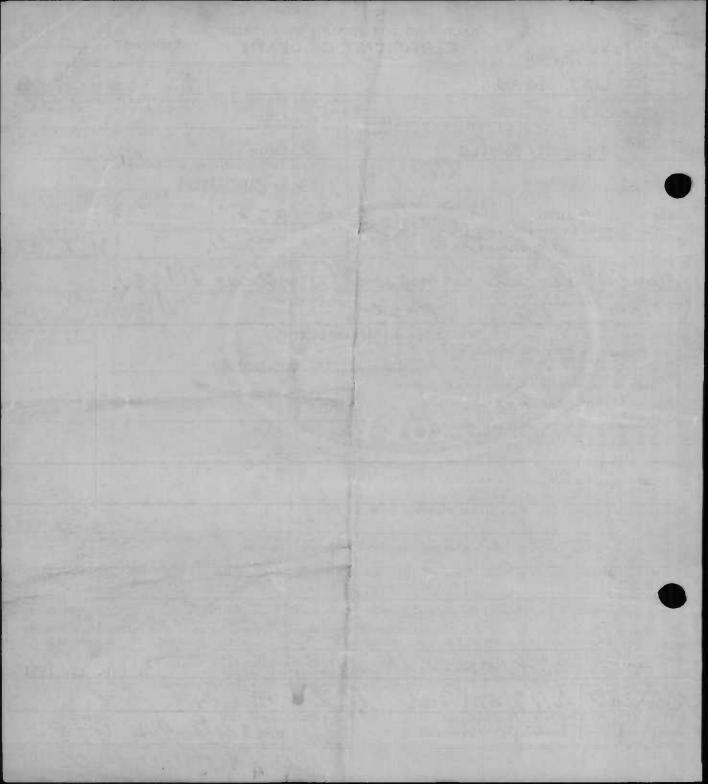
25. FONERAL DIRECTOR

ADDRESS

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P. B.	4 - 2 - 2	E OF DEATH Registered No.	1 1500
1. (T	NAME OF DECEASED type or Print) Burnay B Greates	2. DATE OF DEATH FEM	Wukaci
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address o SPITAL OR location		write RURAL and give
2	STITUTION SOURCE ROSPITAL	annusalis	township)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	p: 1
5.	Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) HU	nder i Year   If Under 24 Hours
1	mule White Single (Specify	2-13-51	ths Days Hours Min-
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTR		2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	Barbara B Lake	
(Ye	, no or unknown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT SOURS HOPKINS HOSPITAL	DRESS
	18. 767 3 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	makement =	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES	hian atelestario	
NO.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
CATION	UNDERLYING CONDITION LAST. (C)		
RTIFI	II .		
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL 0	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
DICA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g.,		ve exact location)
ME	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE		
	22. I hereby certify that I attended the deceased from 2	2-13 , 1951, to Z-14 , 195),	that I last saw the
	deceased alive on 2 - 1 47 19 51 and that death occur	erred at 940Pm., from the causes and on the	date stated above.
	23A. SIGNATURE & Justafora M.D.	23B. ADDRESS TOPKINS HOSPITAL	23c. DATE SIGNED
2.4 T10	N. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240. LOCATION (City, town, o	r county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
	FFR 1 6:10 F	John M. Katar & Son Churapo	lis Mol.
	V8 150 1331	TAYLOR	
		. 1 0 0	1540

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